

Financial Policy for Zellerbach Family Dental

UPDATED NOVEMBER 2014

By executing this agreement, you are agreeing to pay for all services that are received, regardless of any insurance coverage you may have and for services that are disallowed/denied by your insurance.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge if any, and any payments or credits applied to your account during the month.

Payments: Unless other arrangements are approved by in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid by the end of the month.

Charges to Account: We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service.

Required payments: Any co-payments required by an insurance company must be paid at the time of service.

Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you will abide by the terms of the agency. If we have to refer collection of the balance to a lawyer or small claims court, you agree to pay all fees which we incur for such services. In case of suit, you agree the venue shall be in Riverside County, California.

Payment options if you have no insurance:

1. You choose to pay by __cash, __check, __credit card on the day that treatment is rendered.
2. On treatment involving laboratory fees (crowns, bridges, dentures, etc.) you may choose to pay 50% on the preparation date and the balance in two weeks (usually at final delivery appt.)
3. On extensive treatment, you may prefer to secure a bank, credit union, or other third-party financing for the entire amount and make payments to the lending institution.
4. We offer special financing through Care Credit and Springstone. They offer many payment plans either with no interest or longer term plans (with interest). Please ask about these plans with the front office.

Payment options if you have insurance:

1. You choose to pay your deductible and any out-of-pocket portions at the time services are rendered by __cash; __check; __credit card.
2. On extensive treatment (crown, bridges, dentures, etc.) you may choose to pay 50% of your estimated portion on the start or preparation date, and the balance at the completion or delivery date (about 2 weeks later).

We will offer an 8% bookkeeping adjustment for treatment services over \$900 and paid in cash at the time treatment is rendered or in advance of the appointment.

The Financial Policy continues on the back side of this page. **Please read entire notice completely.**

Patient's name: _____

Responsible party: _____ (if not the patient)

Signature: _____ Date: _____

Co-Signature: _____

Contracted Insurance: If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility. It would be in your best interest to familiarize and educate yourself as to your insurance plan's benefit coverage and limitations. Our estimate does not in any way guarantee payment from your insurance company.

Non-contracted Insurance: Insurance is a contract between you, your employer and your insurance company. We are NOT a party to this contract, in most cases. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. You agree to pay any portion of the charges not covered by insurance.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Personal Injury: If you are being treated as part of a personal injury lawsuit or claim, we require verification for your attorney prior to your initial visit. In addition to this verification, we require that you allow us to bill your health insurance. In the absence of insurance, other financial arrangements may be discussed. Payment of the bill remains the patient's responsibility. We cannot bill your attorney for charges incurred due to a personal injury case.

Workers Compensation: We require written approval/authorization by your employer and/or worker's compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full.

Finance Charge: A finance charge will be imposed on each item of your account which has not been paid within 60 days of the time the item was added to the account. The **FINANCE CHARGE** will be computed at the rate of 1.5% per month or an **ANNUAL PERCENTAGE RATE** of 18%. The finance charge on your account is computed by applying the periodic rate of 1.5% to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed 60 days ago, and then subtracting any payments or credits applied to the account during that time.

Returned checks: There is a fee, currently \$25, for any checks returned by the bank as NSF.

Missed appointment fee: The second time a patient does not show up on time for an appointment, or cancels with less than 24 hours notice, a \$20 fee will be charged. It is up to the doctor's discretion to waive the missed appointment fee for a valid reason less than 24 hours.

Credit History: You give us permission to check your credit and employment history and to answer questions about your credit experience with us. We have the option to report your account status to any credit reporting agency such as a credit bureau.

Transferring of Records: You will need to request in writing if you want to have copies of your records sent to another doctor or organization. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

Co-signature: If this or another Financial Policy is signed by another person, that co-signature remains in effect until cancelled in writing. If written cancellation is received, it becomes effective with any subsequent charges.

Effective Date: Once you have signed this agreement you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Zellerbach Family Dental
6886 Indiana Ave., Ste B
Riverside, CA 92506
(951)-686-2565

