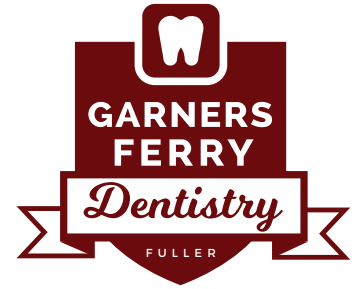


Financial Policy



Thank you for choosing us as your dental health care provider. We believe that all patients deserve the very best dental care we can provide. We also believe that everyone benefits when specific financial arrangements are agreed upon. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require that you read and sign prior to any treatment. All patients must complete our information and insurance forms before seeing the doctor.

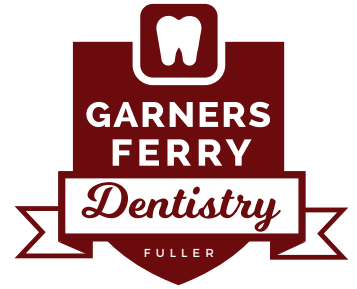
PLEASE NOTE: Full payment is due at time of service. We accept cash, checks, VISA, Mastercard, Discover and American Express credit cards and debit cards. We also offer Care Credit, which is an extended payment plan with prior credit approval.

REGARDING INSURANCE FILING

Please be advised that our office DOES NOT guarantee insurance benefits. We will make every attempt to verify and quote your insurance coverage to you accurately. However, any portions denied or unpaid by your insurance company will become your financial responsibility. In the event that your insurance has changed, you may be required to pay for our services out of pocket and seek reimbursement directly from your insurance company. Please remember that your insurance is a contract between you and your employer and your insurance company. Insurance is billed as a courtesy to the patients of Garners Ferry Dentistry, and expected insurance payment is only an ESTIMATE and is not a guarantee of payment. As the patient/insured you agree to be responsible for any amount not paid by your insurance company for any reason. We request that any copayments, deductibles, and any services not covered by your insurance plan be paid at the time the service is provided. The balance is your responsibility whether your insurance company pays or not. If your insurance company has not paid your account in full within 55 days, the balance will be automatically transferred to your account. We do not file or bill secondary insurance.

PAYMENT OPTIONS

- Pay as you go: The patient pays in full using cash, check or credit card on all visit as treatment progresses
- Advance payment discount: 5% bookkeeping courtesy discount for payment in full by cash or check prior to treatment date
- Mayor Services – Two payment options: A two payment option for treatment with copayments of more than \$400. Pay the first half at the first appointment and the second half at the subsequent appointment
- Third-party financing: By arrangement with a third party finance company. Garners Ferry Dentistry has partnered with Care Credit to offer our patients 0% interest financing up to 12 months with approval.



Financial Policy Cont'd

MISSED APPOINTMENTS

Any account that has not received payment in 90 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. This will negatively impact your credit history and limit the treatment you can receive at our office. Unless cancelled at least 48 business hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit (\$50). Please understand that missed appointment times are valuable to those patients that may find it hard to come to the dentist at other times. Please help us serve you better by keeping your scheduled appointments. Excessive cancellations and no shows will result in terminations of our treatment agreements.

BILLING

All accounts which have not paid the estimated portion of their bill at the time of service will incur a \$3.00 billing charge each month until the balance is paid. Balances which are 60 days old or older will incur a monthly 1.5% finance charge with equals an 18% per annum rate. There is also a \$30 returned check fee.

COLLECTIONS

Any account that has not received payment in 90 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. This will negatively impact your credit history and limit the treatment you can receive at our office.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. We look forward to providing high quality dental care in a relaxing and caring atmosphere.

ACKNOWLEDGEMENT

Please print and sign your name and our team member can give you a copy if requested
I have thoroughly read the Financial Policy. I understand and agree to this Financial Policy.

PRINTED NAME

SIGNATURE