

Bever Family Dentistry- Financial Policy Agreement

Payment options:

All payments are due at the time of service. We accept cash, personal checks, debit or credit cards, and CareCredit.

Late fees:

If statement balances are not paid in full by their due date, a late fee of \$5.00 per month will be applied to your account. Failure to keep your account in good standing will result in the postponement of future appointments until the balance is paid. Balances over three months past due may be sent to collections or small claims court. If your account goes into default, you are responsible for all fees incurred as we attempt to collect your balance.

Broken appointments:

A \$50 fee may be applied to your account if an appointment is failed or canceled with less than 24 hours notice. If you have a history of broken appointments, we may ask you to prepay for your next appointment before being rescheduled.

Return check fees:

You are responsible for all fees associated with any checks that are returned for non-sufficient funds.

Authorization, release and agreement to pay for services rendered:

I authorize Bever Family Dentistry to release any diagnostic treatment records necessary to third party payers or other health care providers.

I authorize and hereby request my insurance provider to pay any insurance benefits for me and all of my dependents directly to Bever Family Dentistry.

I understand that my dental insurance provider may pay less than the predetermined amount for my services. I am responsible for paying all remaining balances on my account. This includes all fees rendered on my behalf and on behalf of my dependents.

By signing below, I acknowledge and accept all of the terms listed above.

Signature: _____

Date: _____