

BEYOND DENTISTRY'S FINANCIAL & INSURANCE POLICIES

Thank you for choosing Beyond Dentistry to be your dental care provider; we look forward to offering you and your family the best dental care available. The following is our financial policy that we require all patients to review and acknowledge receipt of prior to any treatment being rendered:

Prior to the start of any services, we will inform you of your treatment options and financial options as requested. This will help you understand your treatment, what to anticipate in fees, and will allow you time to make financial arrangements if needed.

In general, your signature below indicates that you understand and acknowledge the following:

- Full payment is due at the time of service, unless by previous arrangement. For your convenience, we accept payment in the form of cash, check, credit card, or one of our financing options such as an in-office automated payment plan (when arranged prior to the date of service).
- Any estimate given to you about the cost of your treatment cannot be guaranteed, as conditions may change during the course of treatment. In the event of a large change in expected cost, the provider will inform you as soon as possible so that you may choose which option is right for you.
- Beyond Dentistry requires at least 24 hours' advance notice of any changes to or cancellation of your reserved appointment times. If appointments are cancelled less than 24 hours in advance or are missed, you may incur a \$100 charge for each incident barring extenuating circumstances.

For Patients With Insurance: As a courtesy, Beyond Dentistry will submit your claim to your insurance company on your behalf. You authorize your insurance company to pay your benefits directly to you as reimbursement. Furthermore, you understand and acknowledge the following:

- You are fully responsible for any outstanding prior balances on your account
- Payment in full is due on the date that service is rendered, unless by previous arrangement
- Any estimate of your out of pocket costs, including but not limited to "pre-determinations", "prior authorizations", etc. , is not a guarantee of reimbursement from your insurance
- It is your responsibility to be aware of your individual policy limitations and requirements and inform us of them in a timely manner

Furthermore, you understand that if your insurance company sends payment to Beyond Dentistry, we will make all attempts to forward the payment to you within 48 hours or credit your account if that is not possible for any reason. If payment is not received by either you or your insurance company and the office is forced to proceed with the collections process, you will be responsible for any and all costs incurred by the office to retrieve payment for treatment rendered.

By signing this form, I acknowledge that I have read, understand, and agree to the terms and conditions of this financial agreement. A copy of this notice is available to you upon request.

Patient/Parent/Guardian/ Financially Responsible Party Signature

Date