

Our Financial Philosophy

To create an understanding and partnership in the settlement of your account, No Surprises!

It is important to us that the quality of our business services matches the quality of our dentistry. We want the handling of your account, from the start through final payments to be perceived as an extension of the dental care we provide you and your family.

Patient's Role

As with any partnership, both parties have a role to play. Our role is to provide you with quality service. In turn, your role is to pay for your treatment in a timely manner. Our team will work with you to determine financial arrangements that make sense for both of us. With an agreement made, our joint follow-through will result in a win for everyone. Without a financial arrangement prior to your appointment, **payment is required in full at the time of service.**

In developing a financial arrangement it is important to remember your dental future. Our experience has shown that when an account lingers, patients are likely to defer their appointments. It is discouraging to add new charges to an account when trying to pay off old charges. With this in mind, we will concentrate our efforts on clearing your account in as short a time as is comfortable for both of us.

Please note that there will be a \$25.00 returned check fee for checks with insufficient funds. An outstanding balance on your account is due and payable within 14 days of the billing date on your monthly statement.

As a courtesy, we will remind you of your appointment by text, e-mail and/or phone message. It is your responsibility to make sure we have your current mobile number, e-mail address or other number for our courtesy reminders. If for some reason you do not receive a reminder message, your hygiene appointment postcard will serve as your reminder. Upcoming appointments are also listed at the bottom of your receipts.

I understand that my appointment time is reserved for me! Bath Family Dental strongly encourages all patients to keep their appointments. If you must reschedule your appointment, **we require at least two business days notice to avoid a \$50.00/hour cancellation fee.** We are closed on Fridays; therefore, Monday and Tuesday appointments will need to be rescheduled on the Wednesday or Thursday of the week prior. Multiple offenses will unfortunately result in dismissal from our practice.

WE ACCEPT CASH, CHECKS OR MASTERCARD, VISA, DISCOVER and CareCredit® for your convenience.

Regarding Insurance

We may accept assignment of insurance benefits, however the balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your complete insurance information. Your insurance policy is a contract between you, your employer and your insurance company. We are **NOT** a party to that contract. Our relationship is with you, **not** your insurance company. If your insurance company has not paid on your claim within 45 days, the full balance will automatically be transferred to you. I further understand that in the event your insurance company denies payment of a service, you are responsible for that fee. Any unpaid balance after insurance pays is your responsibility and due upon billing.

I understand that any treatment plan given by employees of Bath Family Dental, Dr. Tammy L. Cook's office is an **estimate only**. We make our best attempt to accurately reflect your insurance benefit; however, we cannot be held accountable for plan-specific limitations and waiting periods. We respectfully ask that you be aware of details of your personal plan. Either way, **your estimated patient portion is due in full at the time of service.**

I understand that any unpaid balance after 60 days is charged a yearly finance charge of 18% which is equivalent to 1.5% of my outstanding balance per month. **I understand that if my account reaches collection status (90 days) and I make no effort to pay off my account, my account will be assigned to a collection attorney or agency or to Maine District Court. If Bath Family Dental, Dr. Tammy L. Cook, DMD must take additional steps to collect my account, I will pay ALL cost of collection, including court cost and attorney's fees incurred by Bath Family Dental, Dr. Tammy L. Cook, DMD.**

Thank you for reading our Financial Alliance. A photocopy of this document shall be considered as effective and valid as the original. Please let us know if you have any questions or concerns.

I have read the Financial Alliance. I understand, accept, and agree to this Financial Alliance.

Signature of Patient or Responsible Party

Date

Witness for Bath Family Dental (Office Use Only)

Date