



## FINANCIAL AGREEMENT

### Boise Prosthodontics Office Policies

- During examination and diagnostic procedures **payment is always due at the time services are rendered.** At every visit, please be prepared to pay either the full amount or, if insured, your co-payment, unless prior arrangements have been made. For your convenience our office accepts checks, cash, and all major credit cards. There is a \$35.00 fee for all returned checks. If you have any questions about finances please feel free to ask us at any time. We keep a five year history of all your financial transactions.
- Once you have accepted a definitive treatment plan **our clinic's policy requires a retainer fee prior to commencement of treatment.** This retainer fee will be discussed with our financial coordinator after you have accepted treatment. The remaining fees associated with your treatment must be paid in full at the time treatment is completed. Often treatment may last over several months; feel free to make payments toward your treatment balance plan prior to the completion date. As mentioned above we accept checks, cash, all major credit cards, and we accept some of some care credit options.
- As a courtesy, we will file your insurance claims on your behalf with your dental insurance company. Please bring your current insurance card. If at the time of your appointment we cannot verify your insurance coverage or authorization, you will be asked to pay your balance in full. We will still submit the claim to your insurance for reimbursement. Please know that your insurance is a contract between you and your insurance company and we are not part of that contract. Therefore, it is your responsibility to call your insurance to inquire about your benefits, payments or referrals. If your claim is denied by your company or not paid in a timely manner, you will be responsible and billed for those services.
- Parents and guardians are responsible for payment at time of visit on unaccompanied minors.
- We will make every effort to accommodate your scheduling needs. In return, we ask that you help us by keeping your scheduled appointments or by **notifying us at least 48 hours in advance if you are unable to do so a charge of \$50 per scheduled hour** will be made for all broken appointments unless a 24-hour notice is given.

I have read and understood Boise Prosthodontics office policies.

I hereby acknowledge that I am personally responsible for all charges accrued during my treatment and agree to promptly pay any balances in full or as agreed with the office staff. I understand that my account must be paid in full prior to the insertion of my dental work. Charges not paid in a timely manner may result in finance charges. I also understand that my account will be charged \$35.00 for any returned checks. I further agree to pay any and all legal and collections costs on my account. A fee may be charged to you account if 48 hour notice is not given for cancellation of a dental appointment.

Full Name:

Signature:

Date: