

Princeton Dental Care, Ltd.

Office Policies and Financial Agreement

Thank you for choosing us as your dental health provider. We are committed to your health and successful treatment. The following policies and agreement is a statement which we require you to read and sign prior to treatment. All patients must complete this and our demographic, medical, dental and insurance information before seeing the doctor.

Please understand that full payment of your account is considered part of your treatment and that payment in full is expected at the time dental services are provided. We realize that everyone's financial situation is different and, for this reason, we provide a variety of payment options to help you receive the dental care you need to enjoy a healthy mouth and a confident smile.

- Cash.
- Checks must be in-state, and presented with a valid driver's license. A \$25 fee is charged for all returned checks.
- We accept Visa, Master Card and CareCredit credit cards.
- Payment Plan with monthly payments are processed through CareCredit for low monthly payments and sometimes zero financing option.
- Dental Insurance is accepted as assignment of benefit. We are happy to file all the forms necessary so that you receive the full benefits of your coverage. Payment will be assigned to our office. We require you pay your portion of the bill at the end of every appointment. Because your insurance policy is an agreement between you and your insurance company, all patients are responsible for all the financial obligations incurred for dental treatment, late fees and financing charges. First time patients are responsible for their bill in full until insurance can be confirmed. If your insurance has not paid their portion of the bill in 60 days, the balance will be automatically transferred as your responsibility. Our practice is committed to providing you the best treatment to our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of your insurance company's arbitrary and unreal determination of usual and customary rates.

All balances after 30 days are charged yearly finance charge of 7 % apr. This finance charge is equal to 1.75% of your outstanding balance per month. If the full agreed payment is not paid after 90 days, your account will be due and payable in full immediately. If any account reaches this status and no effort to pay the balance is made, the account will be assigned to a collection agency. If Princeton Dental Care, Ltd. must take this course of action, the patient is responsible for all collection costs, in the amount of 35% of balance including court costs and all attorney's fees incurred.

Minors not accompanied by an adult will not be provided non-emergency care unless charges have been pre-authorized and payment verified. That adult accompanying the minor will be responsible for full payment of services provided.

Your appointment is given for the time and day that is most convenient to you, and that time is reserved only for you. If you can not make your appointment, please notify us 48 hours in advance to give us the opportunity to ask other patients if your time is also convenient to them. We request this courtesy because it allows us to see all our patients promptly and to provide more affordable dental care. We certainly understand that occasionally special circumstances arise that prevent patients from keeping appointments. We will waive our Missed Appointment Fee of \$40 if you truly have had an emergency.

I have read, understand and agree to Princeton Dental Care, Ltd. Office Policies and Financial Agreement.

X _____ Date _____
Signature of Patient or Responsible Party