OUR FINANCIAL AGREEMENT

Thank you for choosing Capitol Dental Associates LLC as your dental care provider. We are committed to your treatment being as pleasant and stress free as possible.

The following is a statement of our Financial Policy, which we require you to read and sign prior to dental treatment. Please understand that payment of your bill is considered part of your treatment.

Regarding Insurance
AS A COURTESY TO YOU- we accept assignment insurance benefits. Your insurance policy is a contract between you and your insurance company. We are NOT a party to that contract. All contracts have limits and/or various degrees of co-payment. Please make yourself aware of your specific plan design. In most cases you can discuss this with your human resources department, or call the phone number listed on your dental insurance card. The treatment recommended by our office is never based on what your insurance will pay; it is based upon our dedication to giving our patients the highest quality dental care. We strive to give patients informed options' regarding what is best for their oral health. IT IS THE PATIENTS RESPONSIBILITY TO INFORM THE OFFICE OF ANY INSURANCE CHANGES.

We will do our best to *estimate* what your patient portion will be for future services; this is based on the information given to us by your insurance company. This estimated amount should NEVER be considered a guarantee that your insurance will cover the remainder. The balance is ultimately your responsibility whether your insurance company pays or not, therefore- if **your insurance company has not paid your account in full within 45 days the balance will automatically be transferred to a patient balance.**

Regarding insurance plans where we are a participating provider: All co-pays and deductibles are due at the time of or the start of any treatments. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to above paragraph.
FULL PAYMENT IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECKS, OR VISA/MASTERCARD AND AMERICAN EXPRESS.

Adult Patients
Adult patients are responsible for full payment at time of service.

Minor Patients
The adult accompanying a minor is responsible for full payment. Any divorce decrees stating financial responsibility do not pertain to dental visits. The parent or adult here at the time of treatment is responsible to pay the visit. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized IN WRITING to an approved credit plan, or paid by cash or check.

Missed Appointments
Unless canceled AT LEAST 24 HOURS in advance, you will be charged $25.00 for each 15 minute increment of your missed appointment. Reminder calls by our office are a courtesy and should not be relied upon. Patients who do not show up for their appointments will be billed regardless if they had received a reminder call or not.

Repeated failed appointments will result in discharge from our care.

You agree that interest at the rate of one and one-half percent per month will be due to this office if any account balance is delinquent more than forty-five days. Although the interest at the rate of one and one-half percent will start to accrue on the forty-sixth day that an account is overdue. The interest itself will not be posted to the account on a continuing basis until the last day of the month in which interest becomes due and payable.

In the event your account is turned over to an attorney for collection, you will be responsible and hereby agree to be responsible for all court costs, State Marshal's fees and reasonable attorney's fees. The court will determine attorney's fees where an attorney on behalf of Capitol Dental LLC brings any legal action.

***PLEASE SIGN AND DATE BOTH STATEMENTS AFTER YOU HAVE COMPLETED READING OUR POLICY**

I have read in full the financial statement set forth

_____ _____
Signature of Patient or Responsible Party Date

I understand and agree to the financial policy set forth

_____ _____
Signature of Patient or Responsible Party Date