RIVER CITY DENTAL GROUP, INC.
FINANCIAL AGREEMENT

* For my convenience, this office may release my information to my insurance company, and receive payment directly from them.
* A pre-treatment estimate from your insurance can be obtained to help determine your approximate out-o of pocket expenses, although, pre-estimates are not a guarantee of payment.
* For Self Pay patient's payment in full will be expected on the day of treatment. Our office accepts cash, checks, and major credit cards.
* Our practice's payment plan is through Care Credit. Applications for Care Credit are available in our office and upon approval can offer interest free options that allow you to make flexible, low monthly payments. Our staff can assist you with any questions or additional information on Care Credit.
* If it becomes necessary to collect a debt through our collections agency, you and any family members will be dismissed from River City Dental Group, Inc.
* Every effort will be made to help me with my insurance, but if they do not pay as expected, I will still be responsible.
* I agree to pay finance charges of 1.5% per month (18% APR) on any balance 90 days past due.
* I will pay a fee for appointments broken without 24 hours' notice.
* Treatment plans may change, and I will be responsible for the work actually done.
* In case of divorce or separation, the patient or the parent authorizing treatment for a child will be the responsible for those subsequent charges. If the divorce decree requires the other parent or spouse (ex) to pay all or part of the treatment costs, it is the patient or authorizing parent's responsibility to collect from the other parent or spouse (ex).
* Any check returned from the bank will automatically receive a $15 charge to recover the bank fees. Failure to pay returned check and any additional fees may result in dismissal from River City Dental Group.
* We require a request in writing if you request your records be sent to another dentist. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another dentist to us, you authorize us to receive all relevant information including your payment history.
* HIPAA rules and regulations have mandated protection of personal health information which has made it increasing difficult as to what information can be shared between spouses. By signing this policy you have agreed to allow our office to share information with your spouse regarding appointments and/or treatment. Please ask for a separate form to sign if you not wish to have your information shared with a spouse.

This is an agreement between River City Dental Group, Inc. and the patient and/or responsible party named on this form. By executing this agreement, you are agreeing to all the terms and conditions of this agreement.

RIVER CITY DENTAL GROUP, INC.
FINANCIAL POLICY

Thank you for choosing River City Dental Group to serve your dental needs. Our team is committed to providing you with the highest quality of care. Your confidence in us remains to be our highest priority while striving to keep our cost at a minimum. Your treatment costs will be fully explained to you prior to scheduling to allow you an opportunity to discuss your financial obligations.

PATIENTS WITH PRIMARY/SECONDARY INSURANCE

- 20% co-pay will be due on day of services for procedures, other than regular check-ups and cleanings.
- A claim will be filed with your primary insurance; however, our office does not submit claims to secondary insurances.
- A pre-treatment estimate from your insurance can be obtained to help determine your approximate out-of-pocket expenses, although, pre-estimates are not a guarantee of payment.
- As you know dealing with insurance companies has become more complex over time. We are committed to assisting you to maximize your dental benefits but you must remember your insurance policy is a contract between you and your employer.

PATIENTS WITHOUT INSURANCE

- Payment in full will be expected on the day treatment is completed. Our office accepts cash, checks, and major credit cards.
- Our practice's payment plan is through Care Credit. Applications for Care Credit are available in our office and upon approval can offer interest free options that allow you to make flexible, low monthly payments. Our staff can assist you with any questions or additional information on Care Credit.

PAST DUE ACCOUNTS

- While our goal is not to have accounts that become 90 days delinquent, it is our policy that these accounts will have a 1.2% billing charge applied to the balance.
- If it becomes necessary to collect a debt through our collection agency, you and any family members will be dismissed from River City Dental Group, Inc.

DIVORCE

In case of divorce or separation, the patient or the parent authorizing treatment for a child will be the responsible for those subsequent charges. If the divorce decree requires the other parent or spouse (ex) to pay all or part of the treatment costs, it is the patient or authorizing parent's responsibility to collect from the other parent or spouse (ex).

MISSED APPOINTMENTS

There will be a $15.00 charge applied to your account for any broken appointments not cancelled.

TRANSFERRING OF RECORDS

We require a request in writing if you request your records be sent to another dentist. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another dentist to us, you authorize us to receive all relevant information including your payment history.

RETURNED CHECKS

Any check returned from the bank will automatically receive a $15.00 charge to recover the bank fees. Failure to pay returned check and any additional fees may result in dismissal from River City Dental Group, Inc.

SHARING PERSONAL INFORMATION

HIPAA rules and regulations have mandated protection of personal health information which has made it increasing difficult as to what information can be shared between spouses. By signing this policy you have agreed to allow our office to share information with your spouse regarding appointments and /or treatment. Please ask for a separate form to sign if you do not wish to have your information shared with a spouse.

This is an agreement between River City Dental Group, Inc. and the patient and /or responsible party named on this form. By executing this agreement, you are agreeing to all the terms and conditions of this agreement.

Patient's Name:_____

Responsible Party:_____
(If not the patient)

Date:_____

Revised 10/2010