St. Croix Endodontics Financial Agreement

Patient's name_____Est. Treatment Fee $_____Initial Payment today $_____

1. **Patients without dental benefit (You <u>must</u> select an option below)**
   -- Payment in full is due at time of service

☐ Cash or check for payment in full. We will extend 5% bookkeeping savings

☐ Credit Card. If you pay with a credit card, no cash or bookkeeping savings will be extended.

☐ Care Credit. For patients who choose not to use a credit card you may apply for financing through carecredit.com prior to your appointment or treatment. Please inquire about the interest free options available.

2. **Patients with dental benefits (You <u>must</u> select an option below)**
   -- A co-pay will be due at time of service (Co-pays can run as much as 50% of your total treatment cost)

Dental insurance is a contract between you and your insurance company. It is your responsibility to understand the extent and limits of your coverage, and to provide our staff with accurate information to process your claim efficiently (i.e. insurance company address, phone number, group # etc.). St. Croix Endodontics will not enter into any disputes between you and your insurance company regarding deductibles, copayments, coverage etc. other than to provide factual information on the treatment provided. We do not participate directly with most insurance companies; however, as a one time courtesy, we will submit your claim for you. If we do not participate with your insurance, 100% of the total cost is due at the time of service. If needed affordable payment options are available. All payment arrangements must be in writing prior to any treatment or services. All MA patients must go to an "in network" MA provider. St. Croix Endodontics will not submit claims to MA of any kind.

All accounts must be paid in full within 60 days (from the date of service) regardless of insurance.

☐ <u>Payment in full of **all** treatment fees at time of service</u>. You will receive a 5% bookkeeping savings for selecting this option. Your insurance will be submitted and you will receive a refund when your insurance payment has been received.

☐ <u>Financing payments through Care Credit</u>. Applications are available online prior to your appointment at Carecredit.com. They are also available in our office.

☐ <u>I only want to pay my initial payment through cash, check, credit card or my HSA/FLEX card today</u>, St. Croix Endodontics requires that you secure the remaining balance with a credit/debit/HSA/FLEX card on file until your insurance pays. St. Croix Endodontics will notify you by mail after 45 days if your insurance company has not paid or if they have paid and there is a remaining balance due. Any outstanding balance due after 60 days is applied to the credit or debit card on file unless alternate arrangements have been made.

☐ Care Credit ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

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_____ _____ _____ _____

Signature Exp. Date 3 Digit Security Code Today's Date

All accounts over 60 days will be turned over to a collection agency unless other arrangements have been made. If untimely payments are received while the account is in collections, the patients and/or responsible party will be held liable for any and all finance charges and collection agency fees incurred.

There will be a $35 fee for any returned NSF checks or declined credit cards. There will be a collection agency fee (totaling 1/3 of your remaining balance) for any patients turned over to our collection agency. This is a legal and binding contract. I have read this financial policy and I agree with the terms listed before me.

_____ _____

Signature of Responsible Party Date