

FINANCIAL & CANCELLATION AGREEMENT

IF YOU HAVE DENTAL INSURANCE:

Your insurance is a benefit to you. As a courtesy, our staff will coordinate your dental benefits and send claim forms along with any required correspondence to your insurance carrier. The information our staff receives from your insurance carrier regarding your dental benefits is an *estimate* and is not guaranteed until it has been reviewed and authorized by a professional representative from your insurance carrier. Services not covered by your insurance carrier due to waiting periods, or any other reason(s) specified by your insurance carrier, are **YOUR RESPONSIBILITY** and are to be paid **IN FULL** at the time services are rendered, or upon rejection of your claim.

WE DO NOT ACCEPT SECONDARY INSURANCE due to numerous limitations placed by insurance carriers regarding coordination of benefits and several policies. **Your portion is due regardless of the secondary coverage.** You are responsible for submitting any claims and necessary correspondence to your secondary insurance carrier for reimbursement.

IF YOU DO NOT HAVE DENTAL INSURANCE:

OUR OFFICE DOES NOT EXTEND PAYMENT PLANS. Payment is due in full at the time services are rendered. Our office accepts Visa, MasterCard, Discover, American Express, Care Credit, debit cards and cash. NO PERSONAL CHECKS, PLEASE.

COLLECTION PROCEDURES:

PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED. In the event that there is an unpaid balance on your account for more than thirty (30) days, we reserve the right to begin charging interest on your account. Our office will charge your account 18% of your outstanding balance per month. Any account balance that goes unpaid for sixty (60) days or more will be regarded as a matter for collections. If your account advances to collections, YOU ARE RESPONSIBLE for all costs that may incur in collecting said account (i.e. attorney fees, filing fees, court costs, etc.).

CANCELLING & RESCHEDULING APPOINTMENTS

Broken appointments (less than 48 hours given notice) are a significant contributor to rising healthcare costs, and we make every attempt to remind you of your upcoming appointments either by telephone, postcard and/or email. Please notify our office in advance (at least 48 hours prior to your scheduled appointment) if you need to cancel or reschedule your appointment(s). If you completely fail to notify our office, our staff will flag your chart with a "failed appointment," and a \$56.00 failed appointment fee will be charged to your account. A failed appointment that is scheduled for longer than one (1) hour will result in a failed appointment fee of \$100.00.

**** IT IS OUR OFFICE POLICY THAT THE FOLLOWING SECTION MUST BE **
COMPLETED IN ITS ENTIRETY TO RECEIVE TREATMENT IN OUR OFFICE.**

I have read and fully understand this Financial & Cancellation Agreement, and I agree to the terms listed above. I understand that I am financially responsible for all the charges incurred, also in the event in which my insurance carrier denies payment after a claim has been submitted by Grayhawk Dental Associates (Dr. Mitchell Cooper).

Please PRINT patient or responsible party's name

Date: _____

Patient or responsible party signature