

Covington Family Dentistry

17224 SE 272nd St Covington, WA 98042

Financial Agreement

It is our goal for patients to clearly understand their treatment needs, as well as their financial responsibility before treatment begins. We desire to make dental treatment affordable to all of our patients. Therefore, we offer the following financial arrangements.

- 1. We accept: Cash – Visa - MasterCard – American Express – Discover – CareCredit**
- 2. Patients With Insurance:** Estimated portion not covered by insurance is due at time of service. For treatment that requires dental laboratory services, a minimum down payment will be required at the initial appointment.
- 3. Patients Without Insurance:** Payment for dental services are due at the time of treatment. Financing: ½ down at start of treatment and balance at completion.
- 4. Patient Financing Services:** For patients requiring extensive treatment, payment arrangements may be made through Care Credit, a finance company for dental expenses. They offer up to 18 months zero interest upon approval of credit.

For Our Patients with Dental Insurance

Because we understand that dental insurance plays a role in helping many people defray some of the costs of dental care, we would like to share with you the following information about dental insurance.

Please understand that our responsibility is to provide you with the treatment that best meets your needs, not to try and match your care to insurance plan limitations. Dental insurance plans do not correspond to individual patient's needs, and as such, many routine and necessary dental services are not covered, even though you may need those services.

In spite of what your plan says, we've found that many plans actually pay less than what you might expect. The benefits your plan pays are largely determined by how much your employer / union pays in premiums for the plan. The less they paid for the plan, the less you'll receive. We are happy to submit your claims and help you receive the maximum benefits due you, but please understand that we cannot accept responsibility for collecting an insurance claim, or for negotiating disputed claims.

All accounts are due within 90 days. A finance charge of 1.5% per month is applied on all account balances after 90 days.

Appointment Policy

When you (or a family member) make an appointment, you are responsible for keeping that appointment. The clinic will attempt to remind you of your appointment 1-2 days prior to the scheduled date. However, you are ultimately responsible for your scheduled appointment time. If you are unable to keep your appointment, we require 48-hours-notice.

Cancellation and No Show Fees

Failed appointments, with no notice, will be charged \$50.00 per one-half hour of scheduled operatory time. Cancelled appointments with less than 48-hours-notice will be charged \$50.00 per one-half hour of schedule operatory time. We reserve the right to limit future appointments to those who have a history of missed appointments.

I have read and understand the above financial policy. Regardless of insurance coverage, I am responsible for payment of all dental fees for myself and/ or my dependents. In addition, I have read, understand and agree to abide by the above appointment policy.

Signature _____

Date _____