Print, complete and bring to appointment

ST. PETERSBURG DENTAL CENTER

Financial Policy

7300 - 4th Street North
St. Petersburg, FL 33702
727-521-1818 • Fax 727-525-3686

2685 Ulmerton Road, #103
Clearwater, FL 33762
727-572-4063 • Fax 727-573-1075

Purpose: This is an agreement between the St. Petersburg Dental Center, and the named patient and responsible party on this form. We appreciate you choosing us for your dental needs and we want to be sure you fully understand your financial obligations for the services we will be providing. By signing this agreement, you are agreeing to Pay for all services rendered.

Monthly Statement: If you have a balance on your account we will send you a monthly statement. It will show separately the previous balance, any new charges to the account the finance charge, if any, and any payments or credits applied to your account during the month.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

This Financial Policy continues on the next page.

Payment Options if you have no insurance:

1. You will be expected to pay by cash, check, or credit card on the day that treatment is rendered.
2. On treatment involving laboratory fees (crowns, bridges, dentures, etc.) you will be expected to pay 50% on the start date and the balance on the completion date.
3. On extensive treatment, you may prefer to secure a third party financing (bank, credit union, etc.) for the entire amount and make payments to the lending institution.
4. We offer special financing through Capital One Finance. Payment made in 12 months or less will incur no interest.

Payment Options if you have insurance:

1. You will be expected to pay your deductible and any **estimated** out-of-pocket portions at the time services are rendered by cash, check, or credit card.
2. You will be expected to pay all of your treatment by cash, check, or credit card. We will request your insurance carrier send their payment directly to you.
3. On extensive treatment, (crown, bridges, dentures, etc.) you will be expected to pay 50% of your **estimated** out-of-pocket portion on the start date, and the balance on the completion date.

Patient's Name: _____

Responsible Party
(If not the patient): _____

Signature: _____ Date:_____

Co-Signature
(If required): _____ Date:_____

Financial Policy *(continued)*

Insurance: We are glad to assist you in obtaining the maxmum benefit from your dental insurance plan. Most plans only cover a portion of the dental fee, which means you will be responsible of the deductible and the portion your plan will not cover. Insurance is a contract between you and your insurance company. We will bill your primary insurance company as a courtesy to you. Some insurance companies require you to stay within a specfic network of dentists in order for them to pay for the services rendered or for the full benefit available to you. It is your responsibility to check with your insurance company to verify that your services will be covered here at St. Petersburg Dental Center. Although we can estimate what your insurance company may pay, it is the insurance company that makes the final determination of our eligibility. You agree to pay any portion of the charges not covered by insurance.

If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may resulte in a lower payment from the insurance company. We will be pleased to request preauthorization on your behalf from your insurance carrier.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsquent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Finance Charge: A finance charge will be imposed in each item of your account which has not been paid within thirty (30) days of the time the item was added to the account. The FINANCE CHARGE will be computed at the rate of one & one-half percent (1.5%) per month or an ANNUAL FINANCE RATE of eighteen (18%) percent. The finance charge on your account is computed by applying the periodic rate (1.5%) to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time.

Past Due Accounts: If your account becomes past due, we will take the necessary steps to collect this debt. If we refer your account to a collection agency, you will be charged a reasonable fee to over and above the debt itself in order to collect the outstanding overdue balance. If your past account is referred to an attorney for collection (whether a suit is filed or not) you will be charged a reasonable fee over and above the debt itself in order to collect the outstanding overdue balance.

Returned Checks: There is a fee (currently $25) for any checks returned by the bank.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in forced and effect.

Cancellation Fee: St. Petersburg Dental Center provides a courtesy call or email to confirm patient appointments. We ask you extend that same courtesy to us with a 48 hour notice if you need to cancel your appointment. Failure to to do so will result in a $50 charge.

Once again, thank you for choosing St. Petersburg Dental Center, and thank you for taking the time to read through (and sign) our financial policy statement. Our practice is built on long-term relationships with our patients, and those relationships are based on communication and understanding.