

FINANCIAL AGREEMENT

Welcome to Normandy Park Family Dentistry. It is our desire to provide you with the highest quality dental care available, a thorough explanation of recommended treatment plans and financial options. It has been our experience that patients want to know exactly what dental treatments are necessary and financial alternatives prior to treatment. Should additional procedures become necessary during treatment, you will be informed before treatment is rendered and advised of any fee increase. With your verbal consent, treatment will be performed and your financial arrangement adjusted accordingly.

DENTAL INSURANCE

We honor most dental insurance. If you have any questions concerning your insurance, please feel free to discuss it with our business staff.

As a courtesy to our patients, we will obtain insurance benefit information, attempt to verify eligibility and submit insurance claims. Verification of eligibility and benefit information, however, is not a guarantee of payment. Accurate benefits and eligibility can only be determined after a claim has been submitted. Full financial responsibility lies with the patient. Arrangements for payment are made with you. We require your estimated co-pay at time of service. Your insurance company is responsible to you. Payment not received within 60 days becomes due and payable. After 90 days any unpaid balance will begin to incur interest charges at the rate of **1%** per month.

Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible for paying the bill regardless of the insurance company's determination of usual and customary rates.

This signature on file is my authorization for the release of information necessary to process my claim. I hereby authorize payment to Steven J. Olson D.D.S. of the benefits otherwise payable to me.

PAYMENT OPTIONS

1. _____ CASH OR CHECK
(We ask for estimated co-pay at time of service.)

2. _____ MASTERCHARGE OR VISA
(We accept these credit cards for payment but without a discount.)

3. _____ YOUR INSURANCE PROVIDER
WDS ___ PremeraBlueCross ___ BlueShield ___ Aetna ___ Guardian Other:___

4. _____ EXTENDED PAYMENT PLANS

- a. Through **Care Credit**, we are able to offer our patients a separate payment plan. There is no enrollment or annual fee, no down payment, and the first 90 days can be interest free.

5. Electronic Funds Transfer

We are happy to provide a monthly payment plan based upon 90 days set up electronically. Together we determine a monthly payment and you would authorize to have this amount taken directly from your account. There are no fees for this service and we are happy to offer this option interest free.

MISSED APPOINTMENTS

Unless cancelled at least **24** hours in advance, our policy is to charge for missed appointments. Please help us serve you better by keeping scheduled appointments.

PATIENT _____

SIGNATURE RESPONSIBLE PARTY _____

RELATIONSHIP _____ DATE _____