



FINANCIAL OPTIONS

A) PREPAY COURTESY (FOR FEES OVER \$5,000):

A prepayment courtesy of 5% **will be subtracted** from the total *patient* obligation if the patient obligation is **paid in full** at the **first treatment visit**. (Check or cash only.)

B) CAPITAL ONE HEALTHCARE FINANCE (FOR FEES OVER \$1,000):

With fast approval over the phone from Capital One Healthcare Finance, your payments can be much lower than those available through our office. Capital One Healthcare Finance specializes *exclusively* in helping patients with larger dental cases to do the treatment they want. CHF carries fixed rates between 5.9% and 12.9% and can extend terms out to 60 months. There is no prepayment penalty. We will assist you in contacting them from our office.

C) THREE PAYMENTS (FOR FEES OVER \$2,000):

Total patient obligation may be divided as follows: **50%** due at the **first treatment visit**, with the remaining **balance split into two equal payments**, due **30 and 60 days** after the first treatment visit. For any fees under \$2,000, the full amount is due at the *initiation* of any procedure. Note: balance payments will be *written* at the initiation of treatment, "post dated" for 30 and 60 days – our guarantee. If a post-dated payment is deposited prior to the date on the face of the check (or date credit card payment is posted) we will **credit your account** for an amount *equal to and in addition to* that payment.

D) PAY AS YOU GO:

You may choose to pay your obligation for each visit, at that visit.

FORMS OF PAYMENTS AND BALANCES DUE

In order to facilitate access to the very best health care possible, you may choose from any of the following (including any combination thereof): **Cash, Visa, MasterCard, American Express, Discover, Money Order, Personal Checks** or **Capital One Healthcare Finance** (see above). Balances over 60 days will incur a finance charge of 18% APR.

INSURANCE

As a courtesy, it is our pleasure to assist you in maximizing your insurance benefit by completing your claims forms. If your carrier is up to date (in over 70% of the cases), the claims will be transmitted via computer modem.

The range of benefits depends solely on what your employer wishes to purchase. Some plans cover as little as 30% or as much as 100% of dental services, with most falling in the 40% to 80% range.

Some plans base the amount of benefit on a schedule of fees arbitrarily developed by insurance companies. For this reason, you may receive a lower percentage than the reimbursement level indicated in your dental plan. For example, if your plan states that it will pay 80% of the cost of a specific treatment, it means **80% of the fee arbitrarily determined by the insurance company** and not the actual fee charged by our office.

The **financial obligation for dental treatment is between you and our office.** The insurance company is **responsible to you, and not to our office.** We will assist you in any way that we can (including our high tech "electronic claims submission"). We will accept assignment of benefits for **preventive care** if you have signed the insurance payment authorization form, have met your deductible and paid any deductible. Once your carrier has paid the claim for your preventative care visit, any difference will be due upon receipt of our statement. If *for any reason*, we have **not received** your **insurance carrier's payment 90 days** after the claim, the **remaining balance** will be due and **payable by you**, and subject to 18% APR.

Payment for all **restorative treatment** will be due at the time service is rendered. Any benefit due to you will come directly to you from your benefit plan.

We do not file pre-determinations as that would delay treatment and jeopardize proper care; however, we assure you that we will do everything to get **maximum** benefits for you from **your** insurance carrier.