



## FINANCIAL OPTIONS

It is our goal to provide the best possible dental care for you. We do realize that financial concerns are unavoidable. We therefore offer the following financial options. We will be happy to work with you to plan the most appropriate arrangements for you. We want you to be able to enjoy the benefits of great dental health.

**ASSIGNMENT OF INSURANCE:** Our office understands the value of insurance benefits to our patients and we gladly accept assignment of insurance benefits. **Rarely does an insurance company cover an entire bill.** We will do our best to estimate your deductible and the portion that will be covered by your insurance carrier. **However, any balance remaining is your direct responsibility.** This includes any non-covered services, yearly deductible, or co-payments particular to your individual insurance plan. Since it would be impossible for us to be familiar with the details of every insurance plan, we ask that you be aware of your financial responsibilities under the terms of your policy. Refund requests are processed monthly. Refunds are returned in check format, except for third party financing. The processing fee for payments made with a credit card will be deducted from amount returned.

**SCHEDULING APPOINTMENTS FOR TREATMENT:** In order to reserve time with the doctor or hygienist, you must prepay the amount of accepted treatment. If necessary, a pre-authorized payment plan can be arranged covering the estimate of your treatment cost

### **PAYMENT OPTIONS:**

**Preauthorized Payment Option:** This option allows you to make 3 payments with no interest attached. A 33% down payment is required prior at the time you make the appointment. Your remaining payments are handled through pre-authorization of payment through your checking or credit card account. You will simply choose a day of the month convenient for your budget and our office will deposit your payment on the day specified.

**Outside Financing Options:** Our office has contracted with a financing company so that we can offer you several attractive payment options. The qualification process is simple and can usually be completed within 10 to 15 minutes. You **have your choice** of the following options within this program:

- Special low interest rate for up to 36 months

*As we reserve time with the dentist for your appointments, it is very important that we receive notice of change in plans at least 24 hours in advance. This gives us a chance to schedule another patient at that time. Dr. Ribeiro reserves the right to charge a \$35 fee for missed appointments. If appointments are missed or cancelled, we reserve the right to no longer pre-schedule further appointments. Please keep in mind that if you have to miss an appointment and don't give us notice, you might be preventing someone else from getting the care they need as we don't realize we have an opening. Thank you so much for helping us give our patients the best service possible.*

*I certify the health and registration form has been completed and true to the best of my knowledge. I understand that providing incorrect information could be dangerous to my child's health. I authorize Richard C. Ribeiro, D.D.S., LLC to release any information including the diagnosis and the records of any treatment or examination rendered to my child during such dental care to third party payors and/or health practitioners. I authorize and request my primary and/or secondary insurance company to pay directly to the dentist. I understand that my dental insurance carrier(s) may pay less than the actual bill for services. I consent to the treatment for this child. I agree to assume full financial responsibility for all treatment rendered and, if necessary, collection costs, attorney fees and contingent fees to collection agencies of not less than 35% such contingency fee to be added and collected by the collection agency immediately upon your default and our referral of your account to said collection agency.*

Pt Signature \_\_\_\_\_