

PATIENT AGREEMENT

Thank you for choosing our office for your dental needs. Dental treatment is an excellent investment for your health and well-being. We realize that each patient has individual needs. For this reason, we have work hard to provide a variety of payment options to help you receive the dental care your need that allows you to enjoy a healthy, beautiful smile with respect to your budget. We are always available to answer your questions and assist you in any way we can. To maintain the practice operation and prevent misunderstandings, we ask patients to accept and adhere to the following regarding their dental treatment.

Insurance:

Insurance is a contract between an employer and the insurance company. Dr. Slaman and Associates is not part of this contract. Our office can only estimate your insurance benefits. All plans pay a "percentage" of a fee for a specific service. The fee used to determine a benefit amount comes from the fee schedule agreed upon by the insurance company and the employer. The fee schedule selected by the insurance company to calculate your benefits depends on the premium the employer pays. These fees are often not reflective of the fees in a given area because some employers select a low fee schedule to save on insurance premiums. Dr. Slaman and Associates participate with Delta Dental Premier ONLY.

Treatment Estimates:

Prior to any treatment our office will provide the patient and/or responsible party with an estimate of the treatment. This estimate will include the anticipated reimbursement from any insurance claims to be filed. *Please note that the patient and/or responsible party is financially responsible for the entire treatment regardless of insurance coverage.* We allow 30 days for your insurance benefits to be paid, after that time the remaining balance is due by you. After the 30 days, we will, however, continue to assist the patient with the claim processing.

CO-PAYMENTS: The fee for services less the estimated insurance payment is due on the day the service is rendered. Optional terms are available for extensive treatment needs if prior arrangements are made.

OPTIONAL PAYMENT TERMS:

Major Service-Two Payment Option: We offer a two payment option for crown, bridge and denture treatment. We ask that you pay one half of your portion at the first appointment and the second half at the delivery appointment.

Term Loan: By arrangement with CareCredit, we offer our patients, upon approval, an interest-free term loan (up to 12 months) with no down payment, no annual fee and no prepayment penalty (certain restrictions do apply). Please ask for an application if interested.

Commitment to Appointments:

A specific amount of time is reserved especially for each visit and we encourage all patient to keep their appointments. If you must change you appointment, **we require a 48 hour notice to avoid an \$80.00 cancellation fee.** Please keep in mind that this is 48 office hours, a message left when the office is closed does not qualify as an appropriate notice. *Emergencies are an exception.*

I understand that if I do not provide the appropriate notice I will be charged and responsible for each missed, late or cancelled appointment. _____ *initials*

Signature of Patient or Responsible Party

Date