Bhargava
Family Dentistry

Financial Agreement

MARCH 2022

We accept the following forms of payment:

- ❑ Cash
- ❑ Care Credit
- ❑ Check (you will be charged a fee for any returned checks)
- ❑ Visa / Mastercard / Discover / American Express

Payment for dental services is expected at the time of service. We do not work for any insurance company. Therefore, you should fully understand your insurance policy (if applicable) prior to beginning treatment.

As a courtesy to our patients, we will file your Primary and Secondary insurance that you provide at the time of your arrival. Although we may estimate the payment from your insurance company, it is the insurance company that determines the final payment based on your eligibility and benefits. In order to properly bill your insurance company, we require that you disclose all necessary information required to file your insurance.

Should you not have insurance coverage, you will be responsible for paying your balance in full at the time services are rendered.

Care Credit is similar to a credit card and can be used at any dental or medical office that accepts it. This is a smart choice as most dental work can be paid off interest-free for 12 months. Please ask any staff member for details.

Estimated Coinsurance for all services including fillings is expected at the time of service. Crowns, dentures, partials or other major services may be paid for in full at the initial appointment, or we expect 50% at the first appointment and the remainder due at the delivery appointment.

Unpaid accounts will be charged interest and accounts older than 60 days will be turned over to a collections agency which may affect your credit rating. If your account is overpaid and has a balance greater than $50, we will mail you a check (balances less than $50 will remain as a credit in your account).

The Responsible Party named below and/or the Patient agrees to pay our costs for collecting amounts owing, including court cost, attorneys' fee, collection agency fees, and collection cost. The cost of collection will not include costs that were incurred by a salaried employee of ours, will not include recovery of both attorneys' fee and collection agency fees, and will not be in excess of fifteen percent (15%) of the unpaid debt after default.

I am aware of the financial policy for this office:

_____	_____	_____
Printed Name	*Signature*	*Date*

If this agreement is signed by a personal representative on behalf of a patient (i.e. minor), please sign below:

_____	_____	_____
Personal Representative's Printed Name	*Signature*	*Relationship to Patient*

Upon request, we will provide a copy of this document for your records.