Raleigh Prosthodontics
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Restorative & Prosthetic Dentistry

Financial Agreement

Our goal is to provide you with the best possible dental care and to avoid any misunderstandings regarding our fees and payment agreement. We encourage our patients to discuss any questions they may have with us regarding our agreements. If any problems arise, please discuss them with us as soon as possible. The following is a statement of our financial agreement, which we require that you read and sign prior to any treatment:

1. Payment is to be made at the time of service. Payment can be made by Cash, check, and most major credit cards. **(NSF Charge of $35.00–for any returned check)**
2. If the cost of treatment is $500.00 or less, the entire amount is due in full at the time of the initial treatment is performed.
3. If the cost of treatment **is greater than $500**, we can discuss our **financial agreement** (with regards to your ***specific*** treatment plan) at the time of your consultation.
4. Appointments reserved for greater than 2 hours, will require a one-week prepayment[based on treatment]. If cancellation is needed a minimal of 2 business days' notice is required or 200.00 per hour will be non-refundable.

After Final Treatment, a FINANCE CHARGE OF 1.5% PER MONTH (18% PER ANNUM) shall be charged on all accounts not paid within 90 days after Treatment Completion date, and/or your unpaid account may be assigned to our collection agency.
(Effective 7/17/17)

***Missed appointment fee may be charged to the patients' account if a 24-hour cancellation notice is not given.

Insurance

Patients who have dental insurance need to understand that ***all dental services*** are charged directly to the patient and the patient is personally responsible for payment of all services. YOUR INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. We are not a party of that contract. It is the agreement of this office that fees are payable at the time of service or as scheduled.

We do not "participate" with any of the insurance plans therefore we **do not** accept assignment of benefits. If we are provided your insurance information, we are currently offering our patients, the courtesy of filing claims. Your insurance company will be instructed to pay your benefits directly to you, the subscriber. It is the patient's responsibility to follow-up with their insurance company thereafter. In addition, with your insurance information we are happy to file a "predetermination" form [only at your request] so that the insurance company can give you an idea of what benefits you might expect.
Unfortunately, we are unable to submit claims to Medicare or Medicaid on your behalf.

The responsibility of payment for services rendered *ultimately* rests with the patient regardless of whether or not a portion of the treatment fee will be covered by the patient's insurance. Reduction or rejection of your claim by your insurance company will not relieve the financial obligation you have incurred in our office.

Photography
Please note that intra & extra oral pictures may be taken during your treatment. These pictures may be used for teaching and/or practice utilization.

*I, the undersigned, have read completely and agreed to the terms of this financial agreement and give my consent to use any photographs for teaching or training purposes.

Patient or Guardian Signature_____ Date: _____

Revised: Jam DDS – 5/23/23