

# Barth

## DENTAL CARE

### Financial Policy

This is an agreement between Dr. Kurt Barth, as creditor, and the Patient / Debtor on this form.

In this agreement, the words *you*, *your*, and *yours* mean the patient / Debtor.

The word *account* means the account that has been established in your name to which charges are made and payments are credited.

The words *we*, *us*, and *our* refer to Dr. Kurt Barth.

By executing this agreement you are agreeing to pay for all services that are received.

### Monthly Statement

If you have a balance on your account we will send you a monthly statement.

It will show the previous balance, new charges to the account, the finance charge, and any payments or credits applied during the month.

### Payment Options If You Have No Insurance

You may pay by cash, check, or credit card on the day that treatment is rendered.

For treatment involving laboratory fees (crowns, bridges, dentures, etc.) you may choose to pay 50% on the preparation date and the balance in three weeks.

For extensive treatment, you may wish to secure a bank, credit union, or other third-party financing for the entire amount, and make payments to the lending institution.

### Payment Options If You Have Insurance

You may pay your deductible and any out of pocket portions at the time of service with cash, check, or credit card.

For extensive treatment, you may choose to pay 50% of your out of pocket on the start date, and the balance on the completion date, usually three weeks later.

Unless other arrangements are approved by us, the balance on your statement is due and payable when the statement is issued, and past due if not paid by the end of the month.

### Charges to Your Account

We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid in full at the time of service.

### Insurance

Insurance is a contract between you and the insurance company. We are NOT a party to this contract in most cases. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion not covered by insurance.

### Finance Charge

A finance charge will be imposed on each item of your account that has not been paid within thirty days of the time the item was added to the account. The finance charge will be computed at the rate of 1% per month, or an annual percentage rate of 12%. The finance charge on your account is computed applying the periodic rate (1%) to the overdue balance. The overdue balance is calculated by taking the balance owed 30 days ago, and subtracting any payments or credits applied within the 30 days. The minimum finance charge is \$ .50

### Returned Checks

There is a \$25 fee for any checks returned by the bank.

### Missed Appointment Fee

The second time a patient does not show up on time for an appointment, or cancels with less than 24 hours notice, a \$30 fee will be charged. Patients with three missed appointments will be asked to transfer their records to another dental office.

### Past Due Accounts

If your account become past due, we will take the necessary steps to collect this debt. If we refer your account to a collections agency, you agree to pay all collection costs. If your debt is referred to an attorney, you agree to pay all attorney fees and court costs.

### Waiver of Confidentiality

You understand that if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment in our office becomes a matter of public record.

### Divorce

In the case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for subsequent charges. If the divorce decree requires the other parent to pay all or part of treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

### Transfer of Records

You will need to request in writing and pay a reasonable fee (currently \$25) To have copies of your records sent to another dentist or organization. You authorize us to include all relevant information, including your payment history. If you are requesting your records be transferred from another organization to us, you authorize us to receive all relevant information, including payment history.

### Effective Date

You agree to all the terms and conditions contained herein and the agreement is in full force and affect as of today's date.

Patient Name: \_\_\_\_\_

Responsible Party (if not the patient): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_