



Financial Agreement

Dental Insurance

As a courtesy we will gladly file your claim with your dental insurance.

- You **must** provide us with an insurance card and all the information necessary to verify your coverage and file your claim.
- Your insurance policy is a contract between you, your employer and the insurance company. We are **NOT** a party to that contract. Our relationship is with you not your insurance company.
- You are responsible for our fees and not what your insurance allows or considers usual and customary. All of which vary from one insurance to another.
- Although we may estimate your insurance benefits we are not responsible for their accuracy. Knowledge of benefits as well as benefit amounts, limitations, exclusions, waiting periods, ect. Is entirely YOUR responsibility. Receiving our services indicates your acceptance of responsibility to pay regardless of our estimate.
- All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all services we provide are covered benefits. Benefits differ from one company to another. Fees for non-covered services, along with deductibles and co-payments are due at the time of treatment.

Payment Policy

- We accept cash, personal check, debit cards, Visa, MasterCard, and Discover. For those who qualify we do accept Care Credit and Key Bank Medical Credit Card. Both of those credit options allow no interest financing for up to 12 months.
- After dental insurance has paid its portion, a statement will be mailed to the mailing address on record. Payment is expected within 25 days of the statement date, to avoid billing charges. If your payment is **NOT** received in full within 90 days of procedure date you will be subject to a \$5.00 billing charge on each monthly statement until account is paid in full.

Patients without Insurance Coverage

- Payment is due when services are rendered. However, we do offer a 5% Cash Discount for all patients that do not have insurance benefits.

Minor Patients

- The parent or guardian accompanying the minor is responsible for full payment. In the case of divorced or separated parents, the parent accompanying the child is responsible for payment, without any exception. The office will not attempt to collect payment from a parent that is not present in the office at the time of visit.

Returned Checks

- A \$35.00 charge applies when a check is returned by a bank.

Consent & Authorization

I hereby authorize dental treatment and agree to pay all related professional fees. Fees not covered by my dental insurance will be promptly paid upon notification from this office. I have read and understand this document in its entirety, outlining office policies and financial policies of Dr. Blake Dayley, DDS.

Form Completed By

Name First: _____ Last: _____ Signature _____

Relationship to the child _____ Date _____ Are you person legally responsible for this child? Yes _____ No _____

Reviewed by staff member _____ Date _____