



FINANCIAL AGREEMENT

Thank you for choosing Prima Family Dental as your dental provider. The following is our Financial Policy, which will help you with your concerns regarding our billing and payment procedures.

Payment for services is due at the time service is rendered. We accept cash, checks, money orders, debit cards, Mastercard, Visa, Discover, and American Express. We will submit an insurance claim on your behalf. If your carrier is not contracted with our practice, we will courtesy bill them with the understanding that, whatever the insurance does not pay, is then your responsibility to pay within 30 days of your first billing statement. **IF YOU HAVE A CO-PAY, IT WILL BE COLLECTED AT THE TIME OF SERVICE.**

You are responsible for knowing your insurance benefits. What are the covered services in your plan? Does your Dentist participate in the plan? Patients are responsible for deductible, co-insurance and non-covered amounts at the time of service. Any billed balances are due within 30 days of the statement date.

Please have **ALL INSURANCE CARDS** and a **PHOTO ID AVAILABLE FOR PHOTOCOPYING AT ALL TIMES**. Any change of insurance, address, phone number or emergency contact should be reported immediately.

Remember that insurance authorizations for services do NOT guarantee payment. If your insurance does not pay in full within 60 days, we ask that you contact them, as charges will then be transferred to you. Interest on past due balances will accrue at a rate of 1.5% monthly. There will be a \$25.00 fee for all returned check items. Should your account become delinquent and be referred to a collection agency, you shall be financially responsible for the costs of collection and/or legal fees. Collections costs are calculated by adding to the principle the greater of \$25, or an amount 35% more than the balance owed.

Printed Name of Participant

Signature of Participant

Date

Dr. Alla Shikhanovich

Doctor Signature