

Financial Agreement

Patient Financial Policy and Agreement

Thank you for choosing SLimDental & SLimDental Kids. The doctors and staff at SLimDental & SLimDental Kids understand that our primary purpose is to provide you with the finest dental care. We pledge to do this, and to do our part in controlling dental costs. If you find yourself in financial distress before or during your treatment, please let us know. We will make every effort to offer you a payment plan that is satisfactory to both parties. Please take a moment to read our financial policy.

- Your insurance policy is a contract between you and your insurance company. We will file your claim as a courtesy to you. It is your responsibility to know your benefits, including limitations and exclusions.
- SLimDental & SLimDental Kids does not base treatment on what your insurance company deems necessary, or what they cover. We base treatment on the individual needs of each patient for better dental health. You are ultimately responsible for any charges incurred by you for treatment from SLimDental & SLimDental Kids.
- We will be happy to file a pre-treatment estimate with your insurance company upon request for any recommended treatment. However, if there are questions about the explanation of benefits, we ask that you contact your insurance directly.
- While our general dentists and pediatric dentists participate with PPO insurance, most our specialists are out-of-network providers with insurance companies. If you have a consultation with or receive treatment from a dentist who doesn't participate with your insurance, your insurance may cover you based on "out of network" benefits.
- You are responsible for your estimated portion at the time of each visit. Payments for elective procedures are due in full before the start of treatment. We are contracted providers with some insurance companies. If your insurance changes for any reason, it is your responsibility to notify us as soon as you become aware of this change.
- We will file your secondary claim as a courtesy to you, however, if your secondary insurance does not pay in a timely manner, you will be held responsible for the payment. We will be happy to provide you with the necessary paperwork so you may obtain reimbursement from your secondary insurance in this instance.
- We understand that many patients are relying upon FSA benefits for payment of services. SLimDental & SLimDental Kids will do the best we can to provide you with the necessary paperwork for you to obtain reimbursement from your FSA Company, however, we will not be held responsible if the paperwork we are able to provide does not meet the expectation of the plan your employer uses.
- We will apply a 1.5% finance charge to all balances over 30 days old.
- Past due accounts are subject to collection proceedings. If you do not pay your balance in a timely manner, it will be turned over to our collection agency and you will be responsible for all collection and legal fees that the Practice incurs as a result.
- We reserve the right to refuse service to any patient that has been placed into collection.
- There is a service fee of \$40.00 for all returned checks.

I understand and agree to the above payment agreement and policy.

Signature of Patient

Date