

Financial Agreement

In a world of increasingly restrictive insurance boundaries and changing business climates, we have found it necessary to clarify our financial and insurance usage policies. For the benefit of all parties involved we ask that you review and sign the following financial agreement. Thank you for continuing to choose McNerney & Wenzon Dental as your health care provider.

1. Statements are mailed out each month. Payments are due 28 days after the statement date unless other arrangements have been made in advance.
2. If **no** payment is received by the next statement date, a non-adjustable late fee of \$10.00 will be assessed to the account.
3. Accounts that have not received any payments or acknowledgement for three consecutive months will be referred to a collection agency. A collection fee of 35% of the current outstanding balance will be added to the account. This service charge is non-adjustable and will be added to your outstanding balance being sent to the collection agency. In addition, any bounced or non-sufficient fund checks will receive a \$20.00 penalty charge.
4. All no-show appointments will be charged a missed appointment fee of \$32.00. A no-show appointment is considered an appointment to which a patient does not come and did not call to cancel 24 hours prior to the scheduled appointment time. When a patient makes an appointment, it is their responsibility to make every effort to attend that appointment. Every attempt is made 1-2 days prior to the appointment to reach the patient. We are not always able to contact the patient directly however, we will always leave a message if the correct contact information has been provided.
5. Co-pays for procedures performed in our office are due at the time of service unless previous arrangements have been made in advance.
6. All patients are responsible to know and monitor their own insurance benefits. We are not in any network or a part of any plan. Important things to pay attention to are co-payments, fee schedules, deductibles and services not covered by your plan. We are happy to submit your insurance claims as a courtesy to you but the charges are ultimately your responsibility.

I understand and agree to the above stated financial policies of McNerney & Wenzon Dental. I have been given an opportunity to have all my questions answered regarding these policies.

Copy Given____

Signed_____

Copy Declined____

Dated_____