

Polles Center for General and Cosmetic Dentistry

Jim H. Polles, D.M.D., PA

Financial Agreement

Payment is due at the time services are rendered:

I acknowledge that payment is due at the time of the treatment, unless other arrangements are made. If treatment requires multiple appointments, a 50% payment is expected on the initial visit and the remainder may be divided over the number of appointments needed to complete the treatment. Cash, checks and credit/debit cards are gladly accepted. Third party financing is also extended to patients who qualify. A cash discount is offered to patients who **pay-in-full** for a complete treatment plan (**excluding 3rd party financing and patients with dental insurance**). I agree that parent/guardians are responsible for all fees and services rendered for treatment of a minor/child.

If you have dental insurance:

As a courtesy, we file your dental claims for you based on the information provided to us by your insurance company. We attempt to **ESTIMATE** your insurance benefits as accurately as possible. However, changes in benefits and exclusions, which may be unique to your policy, may result in a refund or additional balance due after your insurance company has paid. Insurance is wonderful to have but difficult to understand. We will do our best to assist you **BUT** please understand that we are **GUESTIMATING** about certain coverages and it is your responsibility to know how it pays for services. You can call your insurance company directly. Any insurance claims denied or remaining unpaid after 60 days will automatically become the responsibility of the patient and may be subject to a service charge. I accept full financial responsibility for all the charges not covered by insurance.

Collections:

Any outstanding balance which is overdue by more than 90 days from the date of last payment will incur a 40% collection fee and result in being turned over to our collection agency for further action.

I understand the financial policies of Jim H. Polles, D.M.D., PA and agree to them.

Signature of Responsible Party

Date