

Moore Family Dental P.C.

350 ALBERTA DRIVE SUITE 101 AMHERST NY 1422 (716) 835-1670

Financial Agreement

ALL ACCOUNTS ARE DUE AT TIME OF SERVICE

Our goal is to provide the highest quality of dental care and to have clear communication about our financial policy. Costs of services will be presented prior to treatment. If a procedure requires multiple appointments, payment is required in full at the first appointment. **Financial arrangements must be signed by patient and office manager BEFORE treatment is rendered.**

Payment Options:

1. Cash
2. Check
3. Credit
(Master Card, Visa, Discover, American Express)
4. Care Credit
5. **Credit Card authorization for recurring charges**
 - a. **Treatment exceeds \$200**
 - b. **Payment may not exceed 4 months**

In-Network Insurance Companies:

Delta Dental
Cigna
United Concordia
Healthplex

Patient with insurance: The patient is responsible for the ESTIMATED non-covered portion, procedures and/or deductibles at the time of service, OR the patient can sign a credit card authorization to bill their credit card AFTER insurance has paid for the visit. A pre-determination can be submitted to insurance upon request.

Patients without insurance: Ask about our in-house membership plans.

Records can be emailed electronically to the patient's address on file at any time.

Collections: Accounts paid with **insufficient funds** are subject to a **\$35 banking fee**. Accounts that are 60 days past due will be charged a **\$5 finance fee** each month until a payment is received. Delinquent accounts will be sent to **Kinum Collection agency after 120 days**.

Because instruments, chairs, and personnel are reserved exclusively for your appointment, there is a **\$50 charge per broken appointment with less than 24 hours' notice**.

I, _____, agree to these financial terms.

Signature _____ Date _____