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Name

DOB

Today's Date

## Financial Agreement

We are grateful you have chosen Golden Heart Dental to provide care for your oral health. We are committed to providing you with the highest quality of dental care and don't want treatment cost to become an obstacle in achieving your oral health goals. We charge what is usual and customary for Fairbanks, Alaska and our fees are based on the quality materials we use and the time, effort and skill required in performing your needed treatment.

It is our goal to help you maximize your insurance benefits and determine, to the best of our ability, your cost of treatment before you receive it so that you have no surprises. Ultimately, however, you are responsible for payment regardless of insurance companies' arbitrary determination of usual and customary rates. Your insurance policy is an agreement between you and the insurance company; we ask that all patients be directly responsible for all charges. Your deductible and estimated co-payment will be due at the time of service. We are happy to submit the claims necessary to help you receive the full benefits of your coverage; however, we cannot guarantee any estimated coverage.

There may be times when treatment that is recommended by Golden Heart Dental may not be approved by your insurance. This can occur for various reasons such as frequency limitations (having treatment that was completed recently on the same tooth but now needs further treatment) or your insurance company may deny payment for treatment if they do not determine that it is necessary. By signing this form, I am agreeing to pay for these fees in full.

Please know that we will do everything possible to see that you receive the full benefits of your policy by filing your claim as soon as administratively possible. By signing this form, you are instructing your insurance company to make payments directly to our office. Insurance payments are ordinarily received within 30-60 days from the time of filing. If your insurance company has not made payment within 60 days, we will ask that you contact your insurance company to make sure payment is expected. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.

**Full payment for services is due at the time services are rendered.** We accept payment in the form of checks and major credit cards. We also offer third party financing, such as Care Credit, which may provide deferred or no interest, and extended payments (approval and credit check required). Checks that are returned to our office from your financial institution are subject to a \$25 returned check fee. We would be happy to discuss our charges and how they relate to your situation. Please feel free to contact our wonderful staff at Golden Heart Dental any time to discuss any concerns you may have.

## Rescheduling and Missed Appointments

Our practice is dedicated to quality care and exceptional service. Broken and missed appointments create scheduling problems for our team as well as other clients. But we also understand that sometimes life happens, so if you find that you must reschedule, we kindly ask for **48 hours advance notice** so that we may utilize that time for another patient that may need it. If proper notice is not received, a fee of \$50 will be charged. We REALLY don't like doing that, so please try to schedule accordingly. By signing this form, I agree to pay this fee if I miss an appointment.

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Signature

Printed name

Date