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Office: 561 7569343
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COMMITMENT TO FINANCIAL AGREEMENT

We are committed to providing you the best dental care. Our fees reflect our professional commitment to excellence. If you have a dental insurance, we are happy to help you receive your maximum allowable benefit. In order to achieve these goals, we need your assistance and your understanding of our payment policy. For the convenience of our patients we offer the following methods of payment:

- Payment in full by cash, check, credit card, or alternative financing is required for each appointment as services are rendered. Please be advised that **if a check is returned for insufficient funds** your account will be charged a **\$ 25.00 bank fee and \$ 15.00 processing fee. A social security number** is required from all patients if not paying by cash or if we are filing an insurance claim for you. This information is kept confidential and used for collection purposes only.
- We will file your insurance claim form and accept payment from your insurance company, provided the deductible and any estimate non-covered fees are paid at each visit.
- We allow up to 60 days for you insurance company to pay your claim. This allows sufficient time for your insurance carrier to make payment. By law, insurance companies are required to make or deny a claim within 3 days. Please be aware that your dental benefit program is a contract between you, your employer and the insurance company. We are not a party to that contract. We file insurance claims as a courtesy for you, our valued patient. You are responsible (not your insurance company) for all fee for services rendered. We will gladly assist you in any way we can. In the vent this account becomes delinquent and past due, owing more than 30 days from the date of the billing. I hereby agree to pay all cost of collection including but not limited to interest, court costs, service of process fees, reasonable attorney's fee and collection costs as may be necessary.
- We Value our patient's time therefore we make every effort to see our patients at their appointment time. We appreciate the same courtesy from our patients therefore if you cannot make your appointment please call us at least 48 hours ahead so that we have the opportunity to schedule another patient. If you do not show up for your appointment without calling our office there will be a \$ 35.00 "Broken Appointment" fee added to your account.
- Parent or guardian must accompany patient under the age of 18 years.
- Duplication of x-rays cost \$ 25.00 and Dental Designs reserve the right to charge for duplication of records.

Please be aware that any parent or guardian bringing a child to our office is legally responsible for the payment of services render.

We appreciate the opportunity to serve you, our valued patient.

Patient or Responsible Party Print

Date

Patient Or Responsible Party Sign