

Case Faculty Dental Practice

Patient Agreement

We would like to take this opportunity to welcome you to the Case Faculty Dental Practice. The following is an agreement between Case Faculty Dental Practice and the Patient or individual taking responsibility for payment, if someone other than the patient.. In this agreement the words “you,” “your,” and “yours” mean the Patient or individual taking responsibility for payment, if someone other than the patient. The word “account” means the account that has been established in your name to which charges are made and payments are credited. By executing this agreement, you are agreeing to pay for all services that are received.

Required Payments: Any co-payments required by an insurance company must be paid at the time of service. Any and all procedures which require the services of an outside lab must be paid at the time the impression is taken.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable at the time treatment is rendered. For procedures requiring multiple appointments with lab fees, our payment expectation is that fifty percent (50%) of the total fee will be paid at the initial visit, and the balance of fifty percent (50%) be paid at the time the service is completed.

Insurance: Insurance coverage is controlled by the contract between you and your insurance company. Case Faculty Practice is NOT a party to this insurance agreement, in most cases. Case Faculty Practice will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and insurance benefits. You agree to pay any portion of the charges not covered by insurance.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we do have to refer your account to a collection agency, you agree to pay all of the collection costs that are incurred.

Missed Appointments: We have a twenty-four hour notice appointment cancellation policy. Patients who miss three (3) appointments, either with failure to call and cancel, or canceling with too short notice, will be asked to transfer their records to another doctor.

Transferring of Records: You will need to request in writing, and pay a reasonable copying fee if you want to have copies of your records sent to another doctor or organization.

Effective Date: Your signature on this agreement indicates you agree to all of the terms and conditions contained in the agreement. The agreement is effective as of the date signed and dated below.

Patient's Signature _____ **Date** _____