

## **Financial Policy of Apex Dental Group**

**Promise to Pay**. Amounts for dental care services provided to you or your family members are charged to your Account. You promise to pay us all amounts owed on your Account (your "Balance") under the terms of this Financial Policy when billed.

- If you have insurance, the amount you owe for services will be **estimated** based on the amount anticipated to be paid by your insurance company. We will assist you with your insurance claim; however insurance is a contract between you the policyholder and your insurance company. The estimated amount to be paid by your insurance company may be charged to your account until we receive payment from your insurance company. However, in the event your insurance company is slow to pay or disallows a claim, payment of your Account is your full responsibility.
- We may also charge to your Account fees set forth below for missed appointments, late payments, returned payments or collection costs.
- We will provide to you a statement (your "Statement") of your Balance; which will be payable when you receive your statement. We may indicate on your Statement that your Balance is "pending insurance" and thus not yet payable by you. If you have insurance coverage, we may choose not to send you a Statement until we know or receive the amount reimbursable by your insurance company.

## Apex Dental Group offers a 5% discount for treatment paid in full at time of service by check or cash.

- By making payment in full, at time of service, the office will extend an administrative courtesy that will save you 5% of your treatment balance if payment is made by <u>check or cash only</u>. If necessary our office will gladly provide you with the necessary forms and supporting documents to submit to your insurance company for reimbursement.
- We will gladly accept assignment of benefits as partial payment for each visit. There is no discount for services that are filed to insurance.
- Other outside financial assistance may be available. Contact the office for more information.

## Any payment arrangements needed MUST be made <u>prior</u> to the start of treatment, please speak to the front desk if this is applicable to your visit.

**Missed Appointment Fee:** We may charge to your Account fees for a missed appointment or fees for an appointment cancelled without advance notice of at least 3 business days.

Late Payment Fee: If we do not receive payment in full of your Balance within 90 days of the statement date shown on your Statement, you will be assessed a Late Payment Fee of 2.00% of your unpaid Balance each month. We may not allow further appointments, unless in exceptional circumstances until we receive full payment of your Balance.

**Returned Payment Fee:** For any check or other payment that you have made on your Account that is returned unpaid, you will be charged a Returned Payment Fee of \$35.00.

**Collection Costs:** If we do not receive payment under the terms of this Financial Policy and we refer your Account to a collection agency or an attorney for collection, we may charge to your Account or otherwise collect from you our collection costs, including court costs and reasonable attorneys' fees, to the extent not prohibited by applicable law. By providing us with your cell phone number you also grant permission for Apex Dental Group and their collection agencies to call you on that number. You also grant permission for an auto-dialer to be used for collection purposes.

No Waiver by Us. We may waive our right to charge a fee to your Account without waiving any other right we have under this Financial Policy including our right to charge that same fee at any other time.

As used in this Financial Policy "we" "us", "our" and "Provider" means Apex Dental Group, Dr. John Kitzmiller & Associates. "Services" means any services provided by us. "You" "'your" and "Account holder" mean the person responsible for paying for services. By signing below, you are requesting that we establish an open account for you (your "Account") as an accommodation to you for the tracking and payment of amounts due and you agree to the Terms of this Financial policy.