

FINANCIAL AGREEMENT

Welcome to our office and thank you for choosing **Encino Cosmetic and Dental Implants** as your dental care provider. We are committed to providing you the highest quality of care.

The following is a statement of **our financial policy** which we require you to read and sign prior to receiving any treatment. Feel free to ask any questions you may have.

Patients with Dental Insurance:

- Your complete, up-to-date insurance information must be presented before any services are provided.
- It is **your responsibility** to make sure your insurance is active. If you get dental treatment and your insurance is not active, you are responsible for full charges at regular office fee and not insurance fee.
- **ESTIMATED** Patient copayments and deductibles are due at the time of service.
- You must notify us if you have used your insurance for any other dental procedures in the past year.
Insurances do not pay multiple times for exams, X-rays, cleanings or for procedures they paid already.
- As a service to you we gladly submit claims to your insurance carrier on your behalf. However, you are responsible for the whole amount if your insurance does not make payments.
- Don't wait for the end of the year rush! Use your benefits now! **Use it or lose it!**

Understanding how dental insurance works can be complicated, frustrating and at times overwhelming. Confusions arise from not knowing what is a covered benefit, plan structures, exclusions, waiting periods, etc.

DO NOT ASSUME YOUR INSURANCE WILL COVER ALL THE COSTS BECAUSE THEY DON'T.

Please refer to your insurance booklet or contact your HR/ Insurance carrier if you have questions regarding your coverage as insurance coverage varies from one insurance to another. As a courtesy to our patients, Dr. Bina has provided an info sheet to help you understand better how dental insurance works. Please read it!

IMPORTANT: Our responsibility is to provide you with the treatment plan that best meets your needs, NOT to match your care to insurance payouts, we hope you feel the same way. Dental insurance plans do not cater to individual patient needs, and as such, many dental services deemed necessary are not covered by your dental plan. It is an insurance company's way to avoid payments and save money.

If you want to be sure of a covered benefit we suggest you do so before proceeding with any treatment and our office would be happy to send a **PRE-AUTHORIZATION** on your behalf. Pre-authorization DOES NOT mean if you need or don't need a recommended treatment. It only states if your insurance will cover the cost of your treatment and, at what percentage.

Initial:

Over Please, sign on second page

- Payment is required in full for procedures performed at the time of the service.

We accept all major credit cards, FSA and **Care Credit®** with flexible payment plans from 6-12 months upon approval. Approval must be received prior to the start of treatment.

- For any work needing to be fabricated by a dental laboratory such as dentures, crowns and/or bridges, night guards or, a Non-refundable 50% deposit will be required prior to impression taking before the work is sent to the lab to cover related lab works. The remaining balance is due at the time the prosthesis is delivered.

- Treatments must be finished in a timely manner set by Dr. Bina according to your dental needs. If you delay finishing treatments for any reasons (such as not coming for your crown insert appointment, not getting your implant at the time scheduled), conditions may change and additional works may be required at additional costs not part of the initial agreement. For example, having to make new impressions, making new crowns, etc.

- Changes to treatment plans are always possible and that is the nature of dentistry. A tooth that was not planned for a root canal, may be found to need one. Such changes should be expected and treatment estimate may vary.

- Unpaid balance over 30 days old will be subject to monthly interest of 1.5% (APR 18%).

- If payment is delinquent, the patient will be responsible for any and all collection costs, attorney's fees, and court costs associated with the recovery of the payments due on the account.

- In case of delinquency if your account is sent to collection, any previous discounts that might have been given as a courtesy will be null and void and you will be responsible for the full amount of the service prior to discount.

- The parent that accompanies the minor child/children to the appointment is responsible for all payments due.

- In the event of a dispute over any payment or fee due to Dr. Bina by the undersigned, the Van Nuys Court of Los Angeles County shall have exclusive jurisdiction and venue for any litigation filed by either party.

- Returned checks are subject to a \$45.00 returned check fee plus additional processing fees that are charged to our office, when applicable.

We understand that schedules change but we ask you to be courteous by notifying our office at least **48 hours** in advance should you need to reschedule your appointment. The time is reserved exclusively for you and if you can not make it to your appointment, we need enough time to fill the schedule. We reserve the right to charge you \$100/hour for missed/ cancelled appointments with less than 48 hours notice

I have read, understand and agree to the terms and conditions of this Financial Agreement. I have been given the opportunity to ask questions and have been provided with a copy of this agreement.

Name: _____

Signature _____ Date: ____/____/____