Crown Dental

"We Cater to you like Royalty"

Patient Name: ________________________________ Date: ________________

Patient Name: ________________________________

FINANCIAL AGREEMENT

Payment in full for all charges is required at time of visit, unless prior arrangements have been made.

INSURANCE FILING

The patient is ultimately responsible for payment in full of their account not the insurance company. We do, however, file dental insurance claims as a courtesy to our Patients. It is the patient responsible to inform us if they have a secondary insurance (ex. Medicaid, CHIPS, 2nd PPO Plan). We can give estimates regarding your insurance benefits based on the information provided by you and the insurance company. In the event you're insurance company does not pay as much as expected, the remaining balance is due and payable immediately by you, the patient or the patient/ guardian

ASSINGMENT OF INSURANCE BENEFITS

I/we hereby assign directly to Crown Dental, Dental insurance benefits otherwise payable to me/us. I/we hereby authorize the release of any information relating to any claims. I/we understand I/We are financially responsible for charges not paid by this assignment.

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Responsible party Signature

In the event that the Insurance Company's should mistakenly send payment to me for services rendered by Crown Dental I will remit payment to you my Dental provider Crown Dental.

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Responsible party Signature

DELINQUENT ACCOUNTS

All delinquent accounts (30 days or older) are subject to a billing service charge and/or legal interest rates.

COLLECTION PROCEDDINGS

In the event your account is turned over to a collection agency for non-payment or other delinquency, you will be responsible for payment of any collection costs (30%) and/or attorney delinquency, you will be responsible for payment of any collection agency forfeits any past special fees and/or discounts. Such special fees and/or discounts will be reversed and you will be responsible for payment of regular fee procedures at the time of service.

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Responsible party Signature

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Witness/ Title