

# Pryor Family Dentistry, D.D.S., P.C.

## Financial Arrangements:

### **All patients, please read the following...**

Payment for services is expected at the time service is provided. Cash or cashier checks are accepted. We are sorry for the inconvenience, but we are no longer accepting checks. If an extended payment plan is desired, please ask us about the Care Credit and Wells Fargo Program. MasterCard, Visa, Discover and American Express credit card payments are also welcome. If you have any questions, please feel free to ask.

I understand and agree that all services rendered me, my dependents, or others assigned by me to my account are charged directly to me. I further understand I am personally responsible for payment. If I suspend or terminate care and treatment, any fees for services rendered will be immediately due and payable. Should the fees for the professional services not be paid in accordance with the provisions herein, reasonable attorney's fees, plus applicable finance charges and disbursements, allowances and costs provided by law shall be included in the computation of the amount due. Finance charges can be applied to all past due amounts at the rate of 1.5% per month (18% annual rate).

**If the account is in default and turned over for collection, a collection fee will be added. In the event my account is placed with an outside agency for collection, I agree to pay all collection cost, court cost and attorney fees incurred to collect my account.**

### **If you have dental insurance ...**

As a courtesy, we will file your claim for you. We may accept direct payment from most insurance companies. We will estimate your deductible and the portion not covered by your insurance, which is due at the time of treatment. Our estimates may be different than your insurance companies calculations; therefore, the amount due our office may be adjusted accordingly. You may find that our fees may be different from the insurance companies schedule of "allowable" or "UCR" fees. If you have questions about "UCR" fees, please feel free to ask. **All services rendered are charged directly to the patient, and the patient is ultimately responsible for the account regardless of insurance coverage. Any insurance claims denied or remaining unpaid after 60 days will automatically become the responsibility of the patient.**

Signature \_\_\_\_\_

Date \_\_\_\_\_