

Franklin Avenue Dental Care

Office Financial Policy Agreement

Franklin Avenue Dental Care is committed to providing you with excellence in dental health care. We have found that a clear understanding of our office financial policies makes dental care more relaxing and satisfying for our patients. We want to be certain that our policies are clear and that all of your questions are answered. For your convenience we honor several different payment methods.

Cash or check

When you do not have dental insurance, payment in full for your dental services is required at the time of each appointment. Cash or check payment for **comprehensive treatment plans** will be arranged prior to the onset of treatment.

Credit Cards

We accept Master Card, Visa, Discover and American Express.

Dental Insurance

We accept most dental insurance plans toward treatment fees and are **preferred providers** for many excellent dental plans. We will make a *good faith* estimate for planned treatment and require that you pay your estimated portion including yearly deductibles at the time of service. When payment has been received from your insurance carrier, we will settle your account (**Please Note: There may be a difference between the estimated insurance portion and the actual insurance payment**). As a service to you, we will complete and file the appropriate information and claim forms with your insurance carrier(s).

If your insurer denies coverage, the balance for the treatment rendered will become due and payable by you. Although we make every effort to help you obtain your full benefit, there are many variables **we cannot anticipate**. Please be aware that your insurance benefits are a contract between you, your employer and the insurance company.

Financial Services

We offer several third-party payment plans (such as CareCredit) that allow you to pay over time with convenient monthly payments including several **interest-free** options. This is an excellent option for comprehensive treatment. For more information on qualifying for these services please inquire with the front office staff.

I authorize payment to be made directly to Gary C. Sherman, D.M.D. and Franklin Avenue Dental Care by my insurance company and I accept financial responsibility for all services not covered by my insurance. I authorize release of any medical or dental information requested by my insurance carrier. I hereby agree that in the event of default of any amount due, and if this account is placed with a collection agency for collection, to pay an additional charge to the cost of collection incurred and permitted by laws governing these transactions.

Signature: _____

Date: _____