MONTEREY DENTAL Contours
RICHARD E. KENT DENTAL GROUP

Financial Policy Consent Form

Established January 1, 2016

Thank you for choosing our office for your dental care! Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options for you and your family.

In an effort to clarify and provide a uniform policy for you, we have developed an office financial policy as follows:

- We expect Payment at the Time of Service.
- Our front office is happy to assist patients with dental insurance. We will work with your carrier to maximize your benefits, and will bill them directly for payment of your treatment.[1]
  - We request that your "co-payment" or "patient portion" be remitted promptly at the time of service.
- **Payment Options:**
  A. Cash, Check, Visa, MasterCard, American Express or Discover Card

  B. In-House Financing for Treatment Estimates Over $300
     - Prior approval required
     - Account Balance must be Paid in Full within 90 Days of Service.
     - After 90 Days, 18% interest will be charged on all past due accounts & balances.

  C. NO INTEREST[2] Payment Plans[3] from CareCredit® Financial
     - Allows you to pay over time with No Interest (6 to 12 month term)
     - Lower monthly payment plans also available, with low interest %.
     - No annual fees or pre-payment penalties.
- **10% Cash Payment Discount & Eligibility:**
  - Applies to *Time-of-Service* or *Pre-Paid* Treatment Plans of: $2,000 or more
  - Payment in Full via Cash or Check at Time of Service.
  - Individuals with Dental Insurance are ***not eligible at this time.***

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[1] However, if our office does not receive payment from you or your insurance carrier within 90 Days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

[2] If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

[3] Subject to Credit Approval by CareCredit (Synchrony Financial, Inc.)

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- **Returned Checks:**
  - Should your banking institution refuse payment and return a check, our office reserves the right to charge $30.00 per returned check.
  - Normal Payment Options and Terms will Apply

- **Cancelation Policy:**
  - Time is valuable for all of us! Your cancellation may be no less than **ONE BUSINESS DAY** prior to your scheduled appointment (Mon-Thurs)
    - Messages left on our answering machine after **our business hours**, for next day or Monday appointments are appreciated, however charges may apply.
  - After two missed appointments in a calendar year, a fee of $60.00 is charged for each missed or short-cancelation of an appointment.

If you have any questions, please do not hesitate to ask. We are devoted to providing the optimal dental care you desire and need.

By signing below, you acknowledge and agree to the terms set forth in this Financial Policy. We look forward to continuing to serve you, your friends, and your family for many years to come!

_____
Patient Name (Please Print Above)

_____ _____
Signature of Patient, Parent or Guardian Date

Monterey Dental Contours,
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