CANTRELL FAMILY DENTISTRY

FINANCIAL RESPONSIBILITY

Thank you for choosing Cantrell Family Dentistry as your Dental Home! Drs. Jonathan & Sarah Cantrell appreciate your trust in them and strive to give you and your family honest, quality dental services.

If you have dental insurance, we will file the claims for you, as a complimentary service. It is very important that the correct insurance information is provided at the time of the patient's appointment. If this information changes, it is the patient's responsibility to update Cantrell Family Dentistry at the earliest convenience. While we do our best to verify dental benefits prior to your first appointment, this does not guarantee coverage or payments to Cantrell Family Dentistry. We do accept payments from the dental insurance companies; however, we are not contracted with them. It is a contract between you, your employer and the insurance company.

We will provide you with a verbal AND written **ESTIMATE** of your out-of-pocket expense for any treatment planned by the doctor. However, please understand that these are strictly estimates and are not a guarantee that your insurance company will reimburse us/you according to these estimates.

Please note that any difference in payment from your insurance company and your account balance is **your responsibility**. While the filing of insurance claims is a courtesy that we extend to all of our patients, all charges are your responsibility from the date the services are rendered. All expected insurance balances remaining unpaid after 90 days from the date of service becomes the immediate responsibility of the patient and/or account holder.

Payment for co-pays and/or deductibles is due at the time services are provided.

Any balance older than 90 days will be subject to interest charges of 1.5% per month, from the date of service, until the account is paid in full. If a payment has not been received on the account during the 90 days, the account risks being sent to a collection agency or an attorney, additional collection fees will be applied to any unpaid balance. **Any attorney or collections fees incurred due to delinquency in payment or collection efforts will also be charged to you, including court costs and fees.** Any personal check returned unpaid or with non-sufficient funds (NSF) will incur a $15 NSF check fee and may also subject you to court costs and attorney fees.

I acknowledge having read this Financial Responsibility Form in its entirety and agreed to be bound by all the terms and conditions herein.

Patient and/or Legal Guardian Signature: _____ Date: _____

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