



Ronald K. Crabtree, D.D.S., P.A.
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FINANCIAL AGREEMENT AND AUTHORIZATION

We are dedicated to helping you keep your smile healthy and beautiful for a lifetime. We know you depend on us to explain all dental procedures and associated fees clearly and professionally before we begin treatment. It is our policy to make definite financial arrangements with patients before any treatment begins. You can count on us to help in every way we possibly can to make the most exceptional dentistry affordable. We're pleased to offer different payment options including low or no interest payments. Our team is happy to assist you to choosing and qualify for a payment option that best fits your needs. Regardless of the payment option arranged the following terms will apply:

- 1) Payment as arranged is due in full at each visit with cash check or credit card.
- 2) If you have insurance benefits, assign them to us and we accept assignment, we will manage your account as follows:
 - i) No administrative fee will be assessed for filing insurance claims; we will provide this service as a courtesy.
 - ii) You must provide us with accurate insurance billing information prior to your appointment, or you will be responsible for payment in full. *(When possible we prefer to receive insurance information in advance of your appointment so that we can avoid delays in estimating your benefits at the time of service.)*
 - iii) We will research your benefits and estimate coverage based on our insurance expertise. We do not guarantee our benefit estimates to be correct and are not responsible for benefits that are not paid exactly as estimated.
 - iv) If we cannot reasonably estimate secondary insurance coverage, the office will accept assignment for only the primary insurance coverage. You must file your own secondary insurance coverage in this instance.
 - v) You are responsible for paying deductibles and estimated co-payments when making appointments. You are also responsible for paying all charges not covered by your insurance plans, including all fees considered above your insurance policy's usual and customary fee schedule.
 - vi) Information requests to you from the insurance company and/or our practice must be promptly responded to.
 - vii) The office will submit a claim to an insurance company up to two times per appointment for the purpose of obtaining payment. Further insurance appeals are your responsibility.
 - viii) You are responsible for insurance balances in full after 60 days; even if your insurance company has not paid; further insurance appeals beyond the 60-day period are your responsibility.
 - ix) Insurance benefits are a contract between the patient and his/her employer. The coverage received depends upon the quality of the plan purchased by his/her employer, not our fees. You are financially responsible for all products and services provided. Any insurance benefit not paid as estimated is your responsibility.
 - x) If your balance after insurance payment is under \$5 it will be collected on your next visit to our practice. A statement for balances over \$5 will be mailed to your account address and will be due within 30 days of billing.
- 3) If payments to your account result in a credit balance we will maintain the amount on your account to be used towards future services. If you prefer you may notify us that you would like a refund of the credit amount. *(To have a credit balance there can be no outstanding insurance claims on your account.)* If we believe the insurance company has paid claims to your account in error and we anticipate that they will request payment back we will not issue the refund to you until such time as we believe they will no longer require a refund.
- 4) The practice cannot carry balances longer than 90 days. Patients will be informed that their accounts are delinquent so they can avoid collection action.
- 5) A service charge of \$25 for all returned checks will be assessed. If the balance due is not promptly resolved within 7 days of the returned check, collection action will be initiated and the patient will lose check-writing privileges in our practice.
- 6) For minor patients of divorced parents, the parent who initially brings the child in for treatment is considered to be financially responsible to our practice, regardless of the divorce decree. We cannot be caught in the middle of family financial disputes.
- 7) Where appropriate credit bureau reports may be obtained to manage your account.
- 8) We request 2-business days' notice for any change in your scheduled appointments. When you make an appointment we reserve a treatment room, appropriate staff and equipment just for you. Canceling or missing appointments with short notice makes it impossible for us to offer your reserved slot to another patient. If insufficient notice is received you will be assessed a fee per appointment. The fee for the 2014 year is \$40 per appointment.

AGREEMENT: I have read, understood and accept the financial agreement outlined above. I understand that this agreement applies to all patients in my account. **AUTHORIZATION:** I authorize Crabtree Dental staff to submit claims for payment for services to my health care service plans, insurance companies, or other benefit programs on my behalf. I assign to Crabtree Dental insurance benefits otherwise payable to me. This financial agreement and authorization shall remain in effect as long as I receive dental services from Crabtree Dental. **AGREED TO AND AUTHORIZED BY:**

Printed name of account guarantor/insured	Patient Name
Signature of account guarantor/insured	Date: