

Ready Dental Financial Agreement

Thank you for choosing Ready Dental. It is our goal to provide the finest care possible. This information will explain how we will help you take care of your financial needs.

WE HAVE MANY PAYMENT OPTIONS AVAILABLE.

American Express, MasterCard, Visa, Discover Card, Personal Checks, Cash, Care Credit.

Insurance

As a courtesy, we will bill your insurance company for covered charges. In order to do this, you will need to provide us with the necessary and accurate information. Remember, your policy is a contract between you and your insurance company. You are responsible for all charges incurred. We expect insurance payment within 45 days from date of service. If your insurance has not paid and the account becomes 60 days old, the account may become a cash account and be payable at that time. We reserve the right to run a credit report, should the account remain unpaid.

Failed Appointment Policy

If for some reason you cannot keep your dental appointment, please call to cancel as possible, but in no event less than 24 hours prior to your appointment. If you FAIL to keep your appointment and you FAIL to call at least 24 hours in advance there will be a failed appointment fee of \$25.00 charged to your account.

Requesting X-rays and Records

Please allow 14 days for processing requests for dental x-rays and/or dental records. There is a fee of \$15.00 for this request. We will not be able to guarantee that you will receive your x-rays and or records within the time needed if your request is not submitted within the time allowed.

For larger, more comprehensive treatment plans of \$250 or more, a 10% deposit is required to secure your initial treatment appointment.

Ready Dental charges \$25 for all returned checks.

I HEREBY GUARANTEE PAYMENT OF ALL CHARGES INCURRED FOR THE ACCOUNT OF THE ABOVE MENTIONED. I REALIZE THAT INSURANCE ***MAY NOT*** COVER THE AMOUNT CHARGED AND THAT I WILL BE RESPONSIBLE FOR THE BALANCE. I UNDERSTAND THAT BALANCES NOT PAID IN A TIMELY MANNER ARE SUBJECT TO ADDITIONAL FEES AND OR COLLECTION PROCEDURES. I AUTHORIZE READY DENTAL TO AFFIX MY NAME TO ANY AND ALL INSURANCE CLAIMS OR DOCUMENTS, AND AUTHORIZE PAYMENT OF DENTAL BENEFITS DIRECTLY TO READY DENTAL. I AUTHORIZE RELEASE OF ANY INFORMATION RELATING TO THE CLAIM.

Signature _____ Date _____

If there is no insurance coverage, I understand that I am responsible for all charges incurred at the time of service.

Signature _____ Date _____

Privacy Policy

Our office policies meet the requirements of the Federal Government's Health and Portability and Accountability Act. In Accordance with this Federal Law, a copy of our "Notice of Privacy Policy Practices" is with your check-in paperwork. Please take it with you and review.

I have received a copy of this office's Privacy Policy.

Signature _____ Date _____