

## Financial Responsibility Agreement

Thank you for choosing Dr. Jeffrey A. Carson to provide for your dental needs. The following outlines the office guidelines and policies for patient accounts.

**Patients without dental insurance:** All fees for treatment are due on the date the service is provided. We offer Care Credit for those wanting to extend payments. Account balances not paid in full within 60 days will incur and finance charge of 1.5% monthly/18% yearly. After 90 days, unpaid balances will be turned over to an outside collection agency.

**Patients with dental insurance:** As a special service to you, we assist in the filing of insurance claims so that you might receive the full benefit available from your insurance coverage. We permit you to use your dental benefit to lower your portion of the cost of the dental treatment. This allows you the financial freedom of paying only your part of the treatment fee while we accept direct payment from you insurance company to our office. In relieving you of this financial burden, we allow ourselves to be very vulnerable to the insurance company; therefore, we have set some guidelines and limitations which must be recognized and adhered to.

1. We cannot be held responsible for knowing all the limitations and requirements of all insurance companies we deal with in our office. Please take the time to become familiar with your policy. We cannot be responsible for any underpayment of estimated benefits if there is a peculiarity about your insurance company you did not inform us of. All copays are due on the date of service and are an **estimate only** of the dental benefit your insurance carrier will provide. In the event that your insurance pays less than the amount estimated, the unpaid amount will be applied to your portion of the amount due.
2. If at any point in treatment, you change jobs, become ineligible, lose dental benefits, or your employer changes insurance carriers, you must notify us immediately. If you have new dental coverage, you must bring your card so we may verify your new insurance benefits.
3. When benefits are assigned directly to this office, the insurance company may send a check to you in error. Do not cash it or deposit it. Simply mail or bring it to this office within 7 days so that we can credit it to your account and prevent this error from occurring again.
4. After dental claims have been paid by the insurance, if the insurance company has not paid the entire estimated amount, you will be billed for the remaining balance on the account.
5. If the insurance company becomes uncooperative, we reserve the right to refuse to work with that insurance company and you will be responsible for payment on any remaining balance and you will have to settle with the insurance company.

**Divorced parents:** Fees for treatment are due on the date of service regardless of the custodial parent agreement. The custodial parent will be held responsible for the aforementioned in this agreement and any unpaid account balance after payment by the insurance company.

**Please sign and date on back.**

I fully understand the conditions of the Financial Responsibility Agreement and agree to abide by the limitations set forth. I also understand I have the primary duty to pay Dr. Jeffrey A. Carson and that I am responsible for the entire fee. If I have dental insurance, I hereby authorize payment directly to Dr. Jeffrey A. Carson.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and date on back