

FINANCIAL AGREEMENT WITH DR. RICHARD D. PAPP, D.D.S., P.C.

• **IF YOU HAVE INSURANCE:**

Payment for your deductible and/or coinsurance is due at the time of service. If you have given us your insurance information prior to your appointment, our staff has done our best to gather information about your policy to help us estimate your benefits. **However, that is not a guarantee of payment by your insurance company, and your insurance may pay less than estimate.** We are participating providers with Delta Dental, United Concordia, Anthem, and Metlife, but we also accept and file claims with all PPO insurances.

• **RESPONSIBILITY FOR PAYMENT IS ULTIMATELY WITH THE PATIENT:**

Your arrangement with the insurance company is a matter beyond our control. If the insurance company does not pay the benefits you had anticipated, you will nevertheless be responsible for any balance due that has not been promptly paid by your insurance company. Please note that estimates are not binding and insurance is never a guarantee of payment.

• **IF YOU DO NOT HAVE INSURANCE:**

Payment for all procedures is due at the time of service

• **DEFAULT:**

If an account is not paid when due, the responsible party agrees to pay the remaining balance, all costs of collection, interest and attorneys fees. Interest will be charge on such accounts at the rate of 1.5% per month, 18% per annum, on the balance due from the date such balance was first due. Any account of an insured patient, whose insurance has made a payment, or denied coverage or has either not paid or denied within 60 days, will be due in full as of the date that the earliest of such events occurs. There will be a \$25 charge for all returned checks. The undersigned part authorizes the dental office to release information provided by the patient or responsible party to the insurer and to any persons employed to collect a delinquent account.

• **MISSED APPOINTMENT:**

There will be no charge for rescheduling an appointment provided that sufficient notice is given. If you need to cancel or reschedule your appointment, 24 hours notice is requested. If such notice is not received, we reserve the right to charge your account \$50 for a missed appointment fee. *Please note: Once you schedule an appointment, Dr. Papp's time has been set aside for you. If you need to cancel and appointment, proper notice is required so that your appointment can be given to another patient.*

• **ACCEPTED METHODS OF PAYMENT:**

Cash, Visa, Mastercard, or American Express.

Responsible Party Name (Please Print)

Relationship to Patient

Responsible Party Address

Responsible Party SS#

City, State, Zip

Responsible Party Signature

Date