Financial Agreement

The staff of **Mansfield Dental Associates wishes** to thank you for choosing us as your dental health provider. We consider it a privilege to serve your needs and we look forward to doing so. We are committed to providing you with the highest level of care while building a successful provider-patient relationship with you and your family. We believe your understanding of our patients' financial responsibility is vital to that provider-patient relationship and our goal is to not only inform you of the provisional aspects of that financial policy but also to keep the lines of communication open regarding them. If at any time you have any questions or concerns regarding our fees, policies, or responsibilities please feel free to contact our Practice Administrator at 817-473-6227. (Mansfielddentaldds@gmail.com).

We believe this level of communication and cooperation will allow us to continue to provide quality service to all our valued patients. Please understand that payment for services is an important part of the provider-patient relationship. If you do not have dental benefits, proof of dental benefits, or participate in a benefit plan that will not honor an assignment of benefits, payment for services will be due at the time of service unless a payment arrangement has been approved in advance. We make payments as convenient as possible by accepting cash, money order, MasterCard, Visa, American Express, Discover, Care Credit and in-state checks. A $25.00 service fee will be charged for all returned checks. Additionally, you may authorize us to keep your credit card on file for your convenience knowing that we adhere to the highest level of information security.

Interest
Interest will incur if a balance remains unpaid after 30 days.

Dental Benefits
Please remember that your dental benefits policy is a contract between you and your benefits carrier. We will, as a courtesy, bill your benefits company and help you receive the maximum allowable benefit under your policy. We have found that patients who are involved with their claims process are more successful at receiving prompt and accurate payment services from their dental benefit carrier. We do expect patients to be interactive and responsible for communicating with your dental benefits carrier on any open claims.

It is your responsibility to provide all necessary benefit eligibility, identification, authorization and referral information and to notify our office of any information changes when they occur. Even a preauthorization of services does not guarantee payment from your benefit carrier. We also require photo identification when accepting benefit information. It is the patient's responsibility to know if our office is participating or non-participating with their benefit plan. Failure to provide all required information may necessitate patient payment for all charges. When benefit is involved, we are contractually obligated to collect copayments, co- benefit, and deductibles, as outlined by your benefit carrier.

Please be aware that out-of-network benefit carriers often prohibit assignment of benefits and may try to limit their financial liability with arbitrary limits, exclusions, or reductions such as reasonable and customary or usual and prevailing reductions. Our fees are well within such ranges and although we will assist in the filing of an appeal if these limitations are imposed, you as the guarantor are responsible for all out-of-network fees. If we are not contracted with your dental benefits carrier we will not negotiate reduced fees with your dental benefits carrier.

Missed Appointments
We require notice of cancellations 48 hours in advance. This allows us to offer the appointment to another patient. If you fail to keep your appointments without notifying us in advance: a missed appointment fee will apply. These fees are typically $50.00 to $100.00 but not to exceed one-half of the cost of your scheduled appointment. Repeated missed appointments without notification may cause you to be discharged from the practice.

Medical Records Fees
Patients are entitled under federal law to have access to their protected health information and we follow all rules, guidelines, and exceptions to ensure compliance to patient rights. However, providers also have the right to compensation for records and our fees are a reasonable cost-based fee for copies including the copying, supplies, labor, and postage of the files, and or summaries.

Account Payment
We realize that temporary financial problems may affect timely payment of your account. If this should occur, please contact us for assistance in the management of your account. Our goal is to provide quality care and service. Please let us know immediately if you require any assistance or clarification from anyone within our business. Repetitive non-sufficient check will likely result in a request that you seek dental care elsewhere.

Timeliness of Appointments
We try to see everyone in a timely manner but if we are taking too long, please let our receptionist know so we can best serve your needs and reschedule you if necessary.

I have read and understand the above financial policy. I agree to assign benefit benefits to _____ whenever applicable. I also agree, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections if such action becomes necessary.

Responsible Signature:_____Date: _____