Dianne Applegate, DDS

Financial Agreement

We are committed to providing you with the highest quality dental care and up-to-date information to better help you with your oral health. Our financial policy is intended to help you understand your options and obligations and to help us provide you with excellent customer service.

- We will do our best to provide you with an estimate of your insurance co-pay prior to your appointment. The "estimated co-pay" is due at the time of service. We will gladly help you take advantage of your insurance benefits but please remember that all charges are ultimately your responsibility regardless of insurance coverage.
- To help eliminate paper statements your patient portion is due at the time of service.
- For patients without insurance we offer a 3% courtesy discount for payment in full with cash or check at the time of service.
- For seniors age 60 and older without insurance coverage we offer a 5% discount.
- Any balances over 30 days old will be subject to a 1.5% monthly finance charge.
- Returned checks for insufficient funds or closed accounts are subject to a $25.00 fee. If a check is returned, cash, Visa, MasterCard, or CareCredit will be the only accepted form of payment.
- Although we are unable to arrange payment plans through our office, we offer a credit program through a third party agency, ***CareCredit™***. CareCredit offers flexible monthly payment at zero percent interest rates. You can get more information or apply online at www.carecredit.com or by calling our office. We will gladly help you apply and set up a payment plan when you come in for your appointment.
- Payment options we accept:
    - Cash/Check
    - Visa/MasterCard
    - Discover Card
    - CareCredit™

ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize ***Dianne Applegate, DDS, LLC*** to submit claims to my insurance carrier for all services rendered. I direct third party payers (insurance companies) to issue payment directly to Dianne Applegate, DDS.

Appointments canceled without 24 hours notice will incur a $45.00 cancelation fee.

I have read and understand the above financial and cancellation policy.

Signature: ______________________ Date: _________________

Printed Name: ____