



**FINANCIAL AGREEMENT**

**I hereby acknowledge and agree to the following Boise Prosthodontics financial policies:**

1. **Payment is always due at the time services are rendered.** At every office visit, please be prepared to pay either the full amount unless prior arrangements have been made in advance with our office. For your convenience our office accepts checks, cash, and all major credit cards, lending club and some care credit options. **There is a \$20.00 fee for all returned checks.** If you have any questions about your account with us or other financial concerns please feel free to ask us at any time. We keep a five year history of all financial transactions relating to your account.
2. Once you have accepted a definitive treatment plan with Boise Prosthodontics **a retainer fee will be required prior to the commencement of treatment.** This retainer fee will be discussed with our financial coordinator at the time you accept treatment. If you elect to terminate your treatment after you have commenced treatment, you will not be entitled to a refund of the retainer fee paid. The remaining fees associated with your treatment must be paid in full at the time each step of treatment is completed. Often treatment may last over several months, so we encourage our patients to make payments toward your treatment balance plan prior to the completion date of each step of treatment. **Amounts due on your account which remained unpaid after sixty (60) days after the due date will accrue interest (from the due date) at the rate of 0.75% per month (9% annually) or the maximum amount allowable by law, whichever is less.**
3. As a courtesy to our patients, we will file insurance claims on your behalf with your dental and/or medical insurance company (as applicable). Please ensure that our office has all current insurance information on file. Despite the fact that payment is required at the time treatment is rendered, we will still submit the claim to your insurance for reimbursement. In the event we are successful obtaining reimbursement from your insurer, we will credit such reimbursements to your account or issue a refund if your account has been paid in full. Please know that your insurance policies are contracts between you and your insurance companies and we are not a party to such contracts. Therefore, it is your sole responsibility to call your insurers to inquire about your personal benefits, payments made on account or any other insurance related matter. Boise Prosthodontics will use reasonable efforts to make you aware of any reimbursements, denial of claims, of other correspondence we have received. Please feel free to inquire during your visit to our office if we have any additional information regarding insurance matters.
4. Parents and/or legal guardians are responsible for full payment for minors at the time services are rendered, whether such minor is accompanied by a parent or legal guardian for any appointment.
5. We will make every effort to accommodate your scheduling requests within our normal business hours. In return, we ask that you help us by keeping your scheduled appointments or **by notifying us at least 48 hours in advance if you are unable to keep your scheduled appointment. In the event you fail to provide proper notice, a charge of \$50 per scheduled hour will be made to your account.** Please note that in order to ensure that your appointment is properly rescheduled, we do not accept cancellations of scheduled appointments by voicemail message.

I hereby certify that I have read and understand the foregoing financial policies. I acknowledge that I am and will remain personally responsible for all charges relating to my treatment (or the treatment of a minor for which I am legally responsible) and agree to pay all outstanding balances on my account accordingly to such financial policies. I further agree to pay all attorneys' fees, court costs and other collection related expenses incurred by Boise Prosthodontics in efforts to collect on my account.

Full Name (please print): \_\_\_\_\_

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

Print Form