

Financial Agreement Acknowledgment

We are committed to providing you with the best possible dental care. By offering our patients only the best materials, dental labs and dental treatment, our fees reflect our professional commitment. We are happy to assist you in billing your insurance and obtaining your maximum benefits. In order to achieve these goals: please acknowledge our financial policy. For your added convenience, we offer the following payment options:

- Payment made in full by: cash, check or credit card same day as treatment , receive 5% or 2% discount
- Outside financing available (on approved credit) we use Care Credit We will gladly assist you with applications.
- For all insured patients, we accept direct assignment from the insurance company for the percentage they cover. Non- covered services must be paid at time of visit. In the event of duplicate payment, you will be reimbursed. Patients are responsible for regular MONTHLY payments on the account during insurance billing interim. Interest fees of 18% will be assessed after 60 days, where applicable.
- Major services i.e.: Appliances, crowns, bridges, veneers, partials or dentures. Payment of 50% is required at the initial appointment with balance due upon completion.
- Basic services:, including, but not limited to: periodontal treatment, fillings, root canal therapy & extractions. . Patients without insurance, we require payment in full on day of service
- If you require special financial arrangements, our financial coordinators will be happy to assist you, prior to treatment Parent or legal guardians are financially responsible for all treatments and services provided to their minor children
- **As a courtesy, our office is happy to assist you in obtaining the maximum benefits as specified by your insurance contract. However, it is important that you realize
- 1. Your dental benefit program is a contract between you/your employer and the insurance co. We are not a party to that contract. ~ We will bill them as a courtesy to you. ~
- 2. Our fees generally, but not necessarily, fall within the usual and customary fee structure.
- 3. Not all dental services are covered benefits in all contracts. It is your responsibility, as the contract holder, to contact your carrier for eligibility/coverage.
- 4. You and not your insurance company, are responsible to us for all fees of service rendered to you.
- 5. For patients who have insurance, an estimate will be given of the benefits that the insurance company is expected to pay. Estimated, non-covered portions are payable at the time of the service.
- We will gladly discuss your proposed dental treatment plan and answer any questions you may have regarding your estimated dental benefits. We greatly appreciate the opportunity to provide you with the best dental care possible.

Patient signature _____ Date _____

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