

Scott E. Trout, DDS

Responsibility and Consent Statement OUR POLICIES FOR TREATMENT AND PAYMENT ARE AS FOLLOWS:

Our mission is to deliver the finest, most cost-effective health care treatment available today. Following diagnosis, the doctor will advise you of our plan for treatment. Additionally, we will discuss with you the investment in today's and future treatment.

Payment is due at the time services are rendered. For your convenience we accept cash, personal check, Visa and MasterCard. We also offer convenient payment options through CareCredit.

Insurance benefits are determined by your employer and not your dentist. Any deductible or estimated co-payment amount will be due at the time of treatment. Insurance is not a guarantee of payment; insurance companies may not pay for all your costs. Your insurance policy is a contract between you and your insurer.

As a courtesy we will be glad to file your claim for you provided we have complete and accurate insurance information. You will be expected to pay for services rendered if the office is unable to verify your insurance information prior to treatment. If payment for services already rendered has not been paid within 45 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectible. Should additional means of collection become necessary, all costs of collection, including attorney fees, court costs and collection agency fees (35% standard collection/50% legal collection) will be added to your existing balance. Your cooperation with this policy will assure equitable treatment of insurance and non-insurance patients.

We reserve the right to charge and collect fees for broken appointments. Appointments are reserved exclusively for you. We consider an appointment confirmed once the appointment is scheduled. **A minimum charge of \$65 per hour may be posted to your account if an appointment is cancelled without a 48 hour advance notice.** As a health benefit to you, we may offer to move your appointment to an earlier time if openings arise.

Returned Check Fee of \$35.00 will be added to your account balance and is collectable.

Any accounts overdue for patient payment in excess of 30 days are subject of an interest fee of 18% per annum. A returned check fee of \$35 will be added to your account balance for any checks returned to us as non-sufficient funds (NSF).

Payment plans and financial arrangements can be entered into for comprehensive dental treatment, prior to commencing treatment.

I have read and understand this financial policy.

Printed Name

Signature

Date