

Dr. Kathryn Boehly
6290 Linton Blvd. Ste #202
Delray Beach, Florida 33484

FINANCIAL RESPONSIBILITY AGREEMENT

Thank you for choosing us for your dental needs. We are committed to providing you with excellent care and successful treatment. Just as we want to have clear communication and complete understanding of any dental treatment, we want the same clarity regarding finances. Please read and sign the following statement of financial policy. Please feel free to ask if you should have any questions regarding this policy.

Payment: Payment is due at the time services are rendered unless prior financial arrangements and payment plans have been made. We offer the following options as a method of payment.

1. We accept Cash, Checks, and Visa or MasterCard credit cards.
2. CareCredit™ Financing (must qualify, see Payment Options Form)
3. In-House Financing (see Payment Options Form)

Dental Benefits: We will gladly process your insurance claims. Please note that your insurance policy is a contract between you and your insurance company and as a provider, we are not party to that agreement. The quality of insurance policies varies greatly; therefore we cannot estimate or guarantee your coverage due to the complexities of dental insurance contracts. By law, insurance companies must notify you in writing or pay the claim within 30 (thirty) days. We will file insurance forms and follow up with them at no charge to you, so we can do all we can to assure you a maximum benefits.

Facts you should know about dental insurance: Dental insurance has played a role in helping people obtain better care. Since we strongly feel that our patients deserve the best possible treatment we can provide, and in an effort to maintain the highest quality of care, we would like to share some facts about dental insurance with you.

Dental insurance companies do not intend for their plans to cover all expenses.

Their plans serve only as an aid toward acquiring better care.

Many dental plans tell their insured that they will be covered "up to 80% or 100%." In spite of what you are told, most dentists find that the majority of plans cover about 30% to 40% of an average fee. Some plans may pay more and some pay less. The amount your plan pays is determined by how much you or your employer paid for the plan. The less that is paid for the insurance, the less you benefit.

Many dental services are covered a specific number of times in a calendar year (for example, hygiene appointments may be covered only once every six months.)

Some insurance companies tell their clients that "fees are above the usual and customary fees" rather than saying to them that "our benefits are too low." In our office, we do not view our patients as "usual and customary", but as quality

patients, who expect quality dentistry. Remember, your insurance benefit is limited by what you or your employer pays for the plan less profits of the insurance company.

If you have any questions regarding your insurance, we ask that you contact your employer or insurance carrier regarding the specifics and details of the plan it is conducting on your behalf.

Minors: Payment for services for the treatment of minors can be made by Cash, Check, any major credit card accepted at our office or CareCredit™, and is the responsibility of the adult accompanying the minor.

Divorce: We look to the adult who has brought the child in for the appointment to be responsible for payment of services, which are rendered to the child. We also expect parents to be able to work our payment arrangements with each other and not to involve our office staff in any disputes that may arise.

Missed Appointments: Once a dental appointment has been made, please keep in mind that this time has been reserved especially for you. We require a full 48 (forty-eight)-business-hour notice for any appointment changes or cancellations. We reserve the right to charge \$30 (thirty dollars) for oral hygiene appointments and periodontal treatment appointments scheduled with our Hygienist when a full 48 (forty-eight)-business-hour notice is not provided. There will be a charge of \$50 (fifty dollars) per hour for appointments scheduled with our Dentists that are cancelled or rescheduled without a full 48 (forty-eight)-business-hour notice. Please understand that messages left on voice-mail for appointment changes or cancellations will not be accepted and you will need to speak with a staff member during regular business hours.

Service Charges: The policy of this office is to charge 1.5 (one and 1/5) percent (18 (eighteen) percent annual percentage rate), which will be applied to all accounts over 30 (thirty) days late. We will charge \$25 (twenty five dollars) for any returned checks.

Collections: In the event that we need to make use of an attorney or collections agency, all pertinent information will be sent to that service. Fees incurred to collect payment will be billed to and payable by the patient's account holder.

Financial Consent: *** By signing this notice of payment policy, I am acknowledging that the policy has been read in its entirety. I also understand that payment of this account is my full responsibility.

Patient Name: <<patient_full_name>>

Patient Signature:

Date: