



Financial Covenant

Welcome to Encore at 32 Dental! It is our pleasure to have you as our patient. Our commitment is to provide you with the best possible dental care and to keep you informed of your treatment recommendations and financial obligations. If you have dental insurance, we will be glad to help you to receive your maximum allowable benefits. Should you have any questions, please let us know!

If you are unable to keep your appointment for any reason whatsoever, please call us at (707) 562-4090 AT LEAST 48 HOURS PRIOR to your appointment time. If you do not show for your appointment or cancel within this timeframe, A FEE OF \$50 will be charged to your account. Returned checks and outstanding balances over 90 days are subject to collection fees and an interest charge of 20% a month.

The following is our Financial Covenant:

- Payment is due at the time services are rendered, unless alternative terms are arranged in writing. We accept: Cash, Checks, MasterCard, Visa, Discover, AMEX and Care Credit.
- If you have insurance, it is important to remember that your insurance plan is a contract between you, your employer and the insurance company. The contract is in no way a binding obligation between the Dental Insurance Company and Encore at 32 Dental.
- Our fees generally fall within the acceptable range of the maximum allowance determined by each insurance carrier. This applies to only companies, which pay a percentage of "Usual, Customary and Reasonable," rates. This does not apply to companies, which reimburse based on an arbitrary "schedule" of fees.
- If applicable, after your initial examination you may receive a treatment plan which estimates your portion of payment. If we estimate and collect your **co-payment** and the insurance underpays or denies a benefit, you are responsible for the remaining balance.
- While discouraged, a submitted insurance pre-estimate may be sent to your insurance company if you request this. The fee for this pre-estimate is \$50.00. Please note, not all services are covered in all insurance contracts. Insurance companies arbitrarily select certain procedures they do not cover, based upon the premium/contract arranged by your employer.

I certify that the statements made herein are true to the best of my knowledge and belief. I understand the above and authorize my insurance company to pay my dental benefits directly to Encore at 32 Dental.

We hope by presenting our policies to you in the beginning, we will avoid any and all misunderstandings and therefore will have more time to dedicate to your oral health care.

Patient/Parent/Guardian Name (Please Print)

Date

Signature

Date