

FINANCIAL POLICY AND AGREEMENT

PATIENT NAME: _____ **DATE:** _____

We sincerely appreciate the opportunity to have you as our patient. We hope this information will be helpful in understanding our financial policies and determining which payment option will best suit your needs. If at any time you have questions, please do not hesitate to ask.

We will give you an approximation of fees for your surgical procedure at the time of your initial examination. Our fees are established from what is considered to be routine and would only change if unforeseen difficulties are encountered during the procedure. We will provide you with a written pre-treatment plan that includes procedure codes to assist you in determining coverage from your particular insurance carrier.

**PLEASE CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS:
(Initial your payment option choice in the space provided)**

I. OPTION A _____

PAYMENT IN FULL AT TIME OF SERVICE

We accept Check, Cash, Visa, MasterCard, or American Express

Payment is due at the time of service. You will be required to make your payment before you are taken back to the surgery room. By completing your financial obligations prior to surgery, you can better focus on your own specific health care needs for treatment and recovery.

II. OPTION B

- _____ **Delta Dental insurance -- Preferred Provider of Delta Dental**
- _____ **Blue Cross of Idaho – Preferred Provider of Blue Cross of Idaho**
- _____ **MetLife – Preferred Provider of MetLife**

III. OPTION C _____

FINANCING YOUR TREATMENT : Through CARE CREDIT

For patients who wish to finance their surgery, we have financing programs available through Care Credit. We have the applications here at the office and the approval process takes approximately 10 minutes. You may request a loan for either all or part of your surgery charges. Care Credit offers a 3- month, 6- month, 12-month and 18-month interest free plan, in which no interest is charged to your account if it is paid in full within the respective plan that you choose. For more flexibility they offer low interest rate monthly payments for needed extended payment plans. You will receive a monthly statement on your account and payments will be made directly to Care Credit. Additionally, you have the option to establish your contract as a “revolving account” if you should need financing for our services in the future. If approved, Care Credit will fund your surgery on the day the service is provided and begin billing you monthly. If you are not approved for our financing program, you are welcome to pursue other financing options on your own.

PLEASE NOTE

ACCOUNT BALANCES PAST 60 DAYS WILL BE CHARGED INTEREST AT THE RATE OF 1.75% MONTHLY (21% APR) FOR OPTIONS A & B.

I AGREE TO THE FINANCIAL PLAN I HAVE SELECTED ABOVE AND WILL BE RESPONSIBLE FOR PAYMENT OF ALL FEES FOR TREATMENT.

SIGNATURE OF GUARANTOR

PRINTED NAME

DATE