

FINANCIAL ARRANGEMENT FORM

BURLINGTON FAMILY DENTISTRY
1250 S. BURLINGTON BLVD
BURLINGTON, WA 98233

We are committed to providing you with the best possible dental care and are pleased to discuss any and all of our professional fees at any time. Your clear understanding of our Financial Arrangement Form is very important to our professional dental relationship. If you have any questions or concerns, please ask one of our qualified team members.

We request that you settle your account by paying for treatment at the time service is rendered. For your convenience, we accept Cash, American Express, Visa, Mastercard & Discover.

Insurance – Your insurance benefits are determined by your employer, not your dentist. Insurance is not a guarantee of payment; they will not pay for all of your costs. Your insurance policy is a contract between you and your insurance company. Your insurance and personal payment portion are still your responsibility. Because insurance policies vary, we can only estimate your coverage in good faith but cannot guarantee coverage due to the complexities of insurance contracts. Your estimated patient portion must be paid at the time of service. As a courtesy to our patients, we will bill insurance companies for services and allow them 45 days to render payment. After 90 days you are responsible for the entire balance, paid-in-full. If you have any questions, our courteous staff is always available to answer.

Financial Arrangements – Financial arrangements must be determined before any treatment begins & will only be extended to patient (s) having major comprehensive dental treatment. Fees and timeframe will be discussed prior to beginning treatment. We have several options available which will be discussed when you meet with a treatment coordinator.

New Patient/Urgency Appointments – We will be happy to make an appointment for you to take care of your treatment needs. For these specific types of appointments, payment will be collected IN FULL at the time of service until you are established in our practice as a participating patient. Once established, regular payment policies will apply.

Broken Appointments/Short Notice Cancellations – A phone call and /or letter will be extended to patients who do not show for their appointment. The first broken appointment – a warning will be given stating the procedure that will be followed in the future. At the second consecutive broken appointment, a **\$50.00** fee will be assessed to your account. Appointments are reservations made for you; therefore, we request a notice of 48 business hours if you are unable to keep your scheduled appointment. We reserve the right to charge and collect fees for appointments that are cancelled or broken without 48 hours advance notice. Appointments are reserved exclusively for you. If cancelled or broken, the time is taken away from other patients who are waiting to be placed in our schedule.

Patient Printed Name

Patient Signature

Date