



Financial Agreement Record

Patient Name _____ Account Number _____

Treatment Plan:

Estimated Charges \$_____ Initial Payment \$_____ Final Charges \$_____

1. Patients without dental benefits

- Cash or check for payment in full. We will extend 5% bookkeeping savings.
- Credit Card. If you pay with credit card, no cash bookkeeping savings will be extended.
- Care Credit. For patients who choose not to use a credit card you may apply for financing through our office. Please inquire about interest free options. Applications are available in our office or you may apply on the Care Credit website at carecredit.com prior to your appointment.

2. Patients with dental benefits (Please select one)

- A. Payment in full of all fees at time of service and have any insurance benefits sent directly to you. Save 5% for payment in full with cash or a check.
B. Financing through our office with Care Credit. Please inquire about interest free options. Applications are available in our office or you may apply on the Care Credit website at carecredit.com prior to your appointment.
C. If you want to pay your initial payment today with cash, check or credit card, St. Croix Endodontics is asking you to secure the remaining balance with a credit/debit card on file until your insurance pays. St. Croix Endodontics will notify you by mail after 45 days if your insurance company has not paid. Any outstanding balance after 60 days is applied to the card on file unless other arrangements have been made.

- Care Credit
- Visa
- Master Card
- Discover

Grid of boxes for card information, including dashes in some cells.

Signature

Exp. Date

Date

All accounts must be paid in full within 60 days from the date of service.

This includes balances incurred by untimely insurance payment(s) and/or insurance denials. All accounts over 60 days will be turned over to a collection department unless other payment arrangements have been made. If untimely payments are received while the account is in collections, the patients and/or responsible party will be held liable for any and all finance charges and collection agency fee.

There will be a \$34 fee for any returned checks. There will be a \$28 administrative fee for any patients turned over to collections.

Signature of Responsible Party

Date