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## PARTICIPATING INSURANCE AGREEMENT

There are many procedures that insurance companies do not cover. Our office does only composite resin restorations (white fillings). Most insurance companies will only pay for amalgam fillings (silver fillings) on posterior (molar) teeth. You will be responsible to pay the difference. We would recommend that you talk with your insurance company and encourage them to change their policy. It is your responsibility to know what your insurance covers.

We will be happy to file your insurance on your behalf, but please be aware that any charges your insurance does not cover will be your responsibility. The insurance policy is a contract between the patient and the insurance carrier, NOT between the doctor and insurance company. The insurance company is under no legal obligation to respond to us. Therefore, we must turn over to the patient any claim that goes unpaid after 60 days. The patient must pay the bill at that time, and we will still help you collect from the insurance company. This is our policy because of the manner in which insurance companies operate. Should my account become delinquent, I will assume all additional collection costs and legal fees. Including a finance charge of 1.5% per month or (18% annum) may be charged to my account. Accounts having a balance over 90 days will be turned over to a collection agency and a processing fee of \$300 will be incurred. Checks that are returned to our office from your financial institution are subject to a \$20 returned check fee.

We are here to serve you and your family. This financial policy helps us keep the cost of administering dentistry affordable for you. Please assist us, as a partner in your dental health, by following our policies, and let us know if you have any questions or concerns.

I (<<patient\_full\_name>>) agree that anything I sign electronically in the offices of Care Soft Dental is a binding legal document and can be used, if necessary, in a court of law. I am aware that once my electronic signature is affixed to any binding agreement it cannot be changed, deleted or altered in any way by myself or any office staff. I am also aware that I may obtain a copy of any binding agreement electronically signed in this office with my signature affixed, upon request.

Care Soft Dental reserves the right to charge \$50 for appointments cancelled without 48 hours notice, \$25 for every 15 minutes late to an appointment, anything over half hour may need to be rescheduled, and \$100 dollars for each missed appointment with the general dentist and \$200 for the specialists. When you schedule an appointment with one of our specialist a nonrefundable deposit is required and is due at the time the appointment is made. This deposit will go towards the procedure being preformed. If the appointment is cancelled without 48 hours notice you will forgo the deposit.

I have read and understand the above statements.

Signature:

Relationship to patient:

Date: