



Financial Agreement

Patient Name _____

- It is your responsibility to provide us with your most current insurance information. If you change insurance or fail to maintain insurance, you must notify our office immediately.
- If you fail to provide accurate insurance information to us in a timely manner (prior to your insurance termination), your insurance company may deny your claim. If the claim is denied, you will be financially responsible for services rendered.
- Please note, as dental providers, our relationship is with you, not your insurance company. Your insurance is a contract between you, your insurance company and possibly your employer. It is your responsibility to know and understand your benefits and eligibility.
- We may accept assignment of insurance after verification of your coverage. Please be aware that some or perhaps all of the services provided may not be covered in full by your insurance company. Therefore, you are financially responsible for services not covered by your insurance company. It is your responsibility to know your benefits.
- Prior to receiving services, you must verify that we are participating providers for your insurance company by calling your insurance company or logging in to your carrier's website.
- We charge usual and customary fees. You are responsible for payment if your insurance company disputes payment for your claim.
- Copayments, coinsurance and/or deductibles are due at the time of service. We will provide a good-faith estimate of the amount you owe based on information we receive from your insurance company. This will only be an estimate and in no way does it imply a contractual arrangement indicating and agreed upon amount actually due. We will not know how much is actually due by you until we receive payment from your insurance company. You are responsible for paying the full amount determined by your insurance company once they have paid your claim- regardless of our estimation. Please review your explanation of benefits or contact your insurance company if you have any questions.
- **Full payment is due at the time of service.** We accept cash, checks, credit cards and Care Credit.
- If you are not able to pay the balance due in full, you must contact our billing office directly to discuss a payment schedule. If you fail to make payments as agreed upon, your account may be referred to a professional collection agency and/or attorney.
- We will send a statement to the billing address on file to notify you of any balances you may owe. If you have any questions regarding your balance, it is your responsibility to contact our business office after receipt of the initial statement. Please call our billing office directly at 817.741.4455. We will assume you do not dispute the charges if you do not contact our office within 30 days of receipt of a statement.
- **Payment in full is due upon receipt of the statement.** Patient balances not paid in full within 30 days of the statement issue date are deemed past due. Past due accounts may be subject to a monthly late fee and may be referred to a professional collection agency and/or attorney for further collection activity. You will be responsible to pay all collection costs incurred, including attorney's fees and court costs if applicable. The laws of the state of Texas apply and venue is proper in Tarrant County.
- If your account is assigned to a professional collection agency, you will be notified by certified mail that you will no longer be able to receive services from Just For Grins.
- All returned checks are subject to a \$25.00 charge in addition to your original balance.
- You must provide your most current billing address, telephone numbers and any other important contact information. If your address or contact information changes, please fill out our information update form in the office, or call us with the new information.
- If you fail to cancel or reschedule your appointment at least 24 hours prior to your appointment date, you may be subject to a "broken appointment" fee of \$50.00

- **Divorced Parents** It is the policy of this office that the parent/guardian accompanying the child to the visit be held responsible for treatment consents and all charges incurred; regardless of insurance, divorce decrees, or financial situations. We do not bill third parties and do not accept assignment of benefits from secondary insurance

Patient/Guardian Signature

The "claim" is based on the services provided for any given date of service. There may be more than one "claim" as well as more than one "date of service" or "service" provided. This Agreement contemplates all claims for all services rendered on any given day