

ANDREW MARSHALL, D.D.S

The undersigned understands and agrees to the following...

OUR PRACTICE'S PAYMENT INFORMATION

- We ask that payment due from dental services rendered to you and your dependents be *paid at the time of service*. We strive to advise you of this estimated amount prior to your treatment. If we do not provide you this information, please request it. We want you to know.
- If you have dental insurance, we obtain an estimate of your portion due from your insurance company and ask that you pay only that amount at the time of service. Insurance benefits are sent directly to our office and will be applied to your account.
- Insurance and the human body are unpredictable; therefore, the quotes we give you are only estimates. Due to this unpredictability, after your insurance pays, there could be a balance or a credit on your account. If there is a balance, we send you a statement for your payment. If what remains is a credit, we will send you a check for that amount.
- We want you always to feel free to call us with questions or concerns about your charges, statements, insurance, or clinical issues. We are here to help you.
- Overdue accounts are referred to an attorney or collection agency. Any fees or costs incurred for collection of due amount is the responsibility of the patient, parent, or guardian. This includes court costs, interest fees, attorney's fees, and collection agency fees (maximum rate of 33.33%).
- Payments can be made 24/7 through Patient Connect, our secure patient portal. For easy access, go to our website and click on the red and blue icon on the upper left of each page.

OUR PRACTICE'S PAYMENT OPTIONS

1. **CASH/CHECK/MONEY ORDERS**
2. **VISA/MASTER-CARD/DISCOVER/AMERICAN EXPRESS CREDIT AND DEBIT CARDS**
3. **CARECREDIT:** For those interested in monthly payments
4. **QUALITY DENTAL PLAN (QDP):** Our in-office savings plan. Please ask us about it!
5. **FINANCIAL CONSULTATION:** We can help you afford your dental work. Please schedule a consultation with our treatment and financial consultant to discuss specific ways in which to make your dental services more affordable and fit your budget.

SIGNATURE OF PATIENT, PARENT, OR GUARDIAN

DATE _____