



FINANCIAL AGREEMENT

Thank you for choosing Nolan and Freund Dental Professionals. As a fee for service practice, our primary objective is to deliver the best dental care possible.

We are committed to providing you with excellent care and convenient financial arrangements. Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees, and patients' financial capabilities.

Payment in full is due at the time of service unless prior financial arrangements are made. We offer several convenient payment options:

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| <p>Cash, Check, Debit Card</p>  <p>Pre-payment discount available for services greater than \$500</p> | <p>Credit Card</p>  <p>Visa, Amex MasterCard Discover</p> |
| <p>Half up front, Half before completion</p> <p>For your convenience \$500 minimum purchase</p> | <p>0% CareCredit Financing</p> <p>For qualified applicants \$500 minimum purchase</p> |

Our office is committed to helping patients maximize their benefits. Insurance policies vary greatly, therefore, we can only estimate your coverage in good faith, but cannot guarantee coverage due to the complexities of insurance contracts.

Please be aware that we will always review your proposed treatment and answer any questions related to your personal financial responsibility and insurance benefits. **We must emphasize that as dental care providers, our relationship is with you, not with your insurance company.** Please be aware that:

- Your insurance contract is between you, your employer, and the insurance company. **We are not a party to that contract.**
- Our fees are considered to fall within the acceptable range by most companies and therefore, are covered to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (Such as 50% or 80%) of the “UCR” defined as usual, reasonable, and customary fees for this region. However, we cannot guarantee that our fees will always fall within this range.
- **Not all services are a covered benefit in all contracts.** Some employers and insurance companies arbitrarily select particular services that are not covered by their benefit plan.

NOLAN & FREUND DENTAL PROFESSIONALS
3633 W LAKE AVE SUITE 414
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847.724.6222 OFFICE 847.724.6263 FAX

We encourage you to read your insurance policy so you are fully aware of the benefits and any limitations that were negotiated by your employer with your insurance company.

Please acknowledge your understanding of the following by signing below:

- **Payment is due at the time services are rendered.**
- As a courtesy service to you, **we will submit your insurance claim for your direct reimbursement.** We make every effort to submit claims accurately using the fastest means available.
- **Cash, Check, Visa, MasterCard, Discover Card, and American Express** are always welcome.
- For your convenience, we offer extended financing through CareCredit, which provides an **array of financing options, including interest-free payments for comprehensive treatment plans.** Inquire for details.
- **If you wish to have the insurance company pay us first, we require a credit card on file with authorization to charge the remaining balance once your insurance company processes the claim.**
- **Returned checks are subject to a \$30 returned check fee.**
- **Cancellations require 48 hour notice. Appointments canceled within 48 hours will be charged a \$100 missed appointment fee charged to your credit/debit card on file.**
- **No show appointments will be charged a \$100 missed appointment fee charged to your credit/debit card on file.**
- **Outstanding balances older than 60 days are subject to an interest charge of 1.5% per month.**
- **Outstanding balances older than 90 days may be relinquished to a collection agency.** In the event that the balance is sent to a collection agency, all collection fees, attorney fees and court costs incurred by Nolan Freund Dental Professionals will be added to the amount owed.

Please feel free to contact us with any questions. We are here to help you.

Thank you for your commitment to our practice. We look forward to seeing your smile and working together to provide a caring and comfortable environment for your optimal oral health care.

Print Name: _____

Signature: _____

Date: _____