



Princeton Dental Financial Agreement

Thank you for choosing Princeton Dental. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of this mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. We encourage you to ask questions and be involved in your treatment decisions which include understanding your treatment as well as the financial options available to you.

Patients are expected to pay for services at the time they are rendered. Our patients, who have dental insurance, are expected to pay their **ESTIMATED** co-pay and deductible at the time of service and the remaining balance immediately following the insurance processing or within 60 days of the date of service. Payments may be made using cash, check, Visa, Mastercard, American Express, Discover or FSA cards. Princeton Dental is also proud to offer financing options available through Care Credit and Lending Club. Please see our business staff at the front desk to discuss which option may work best for you.

Payment Terms: (Please initial that you have read and understand)

_____ We offer a 5% pre-payment courtesy when services are paid in full prior to the date of service for treatment totaling \$300.00 or more.

_____ Seniors (65 years of age or older) are eligible for a 5% courtesy when payment is made in full at the time treatment is rendered. ****Please note, our courtesies may not be combined with each other, insurance or our financing/loan options****

_____ As a courtesy to our patients with dental insurance, we will submit claims on your behalf. We are happy to help maximize your benefit and directly bill your insurance company for reimbursement of the covered portion for your treatment. Please be aware, however, that if we do not receive payment from your insurance carrier within 60 days, you will be responsible for the balance of your bill. You may also consider paying your bill in full at the time of service and having the insurance reimburse you directly.

_____ Monthly statements will be mailed to all patients with an outstanding balance. In an effort to keep billing costs and office fees to a minimum we ask that you would be aware of impending balances on your account and promptly make and keep payment arrangements.

_____ Open balances that become 90 days or older will accrue a monthly finance charge of 1.5%.

_____ There is a fee of \$25.00 for returned checks.

Appointments:

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. The cost of providing dental care, however, greatly increases when people fail to keep their scheduled appointments by arriving late or cancelling at the last minute.

_____ **We require at least 48 hours notice (business days) for any cancelled appointment.** If you frequently miss or cancel appointments at the last minute, we will ask you to leave a deposit on your account which will be applied towards the treatment at your next visit. For a hygiene appointment, the amount of \$50.00 will be requested as a deposit to reserve your next appointment. For an appointment with one of the doctors, the amount will be \$100.00. If the reserved appointment is not kept, the deposit will be taken as a broken appointment fee.

_____ We know that your time is valuable. Keeping that in mind, we make every effort to run the schedule in a timely manner. Though emergencies do arise, we still try to maintain your appointment times accurately. In order to provide ALL of our patients with the optimum dental care, please arrive 5 minutes prior to your scheduled time and expect to be here for your entire appointment. Kindly schedule your other commitments accordingly.

We know that, occasionally “life happens”, things come up and schedules change. To that extent we will try to be flexible, accommodating and considerate of the circumstances whenever possible.

At Princeton Dental, we are happy to work with you to achieve your dental goals! Please feel free to speak to us with any questions or concerns you may have regarding the attention you receive in our office.

I have read and I understand the aforementioned payment terms and appointment policies.

Patient name (Please print)

Patient, Parent or Guardian signature

Date