

Thomas J. Herrick, D.D.S.
Family and Cosmetic Dentistry
5330 Corporate Center Loop S.E., Suite A
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FINANCIAL ARRANGEMENTS

We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile with respect to your budget. Please read carefully and sign at the bottom.

DENTAL INSURANCE: We are happy to file the forms necessary to see that you receive the full benefits; however we can make no guarantee of coverage or what amount if any, your insurance might pay. Because an insurance policy is an agreement between you and your insurance company, you are directly responsible for your balance.

FINANCE CHARGES: Any balances remaining on your account after ninety days, may incur finance charges. This could include amounts still unpaid by your insurance.

PAYMENT OPTIONS:

Cash or Check For patients **without** dental insurance, we offer a 5% prepayment discount when payment is received at least one week prior to your appointment by check or cash. This discount can be added to our 5% senior discount for patients over 70 to equal 10%.

Credit Cards For your convenience we have made arrangements to accept payment by Care Credit, VISA, Discover or MasterCard.

Payment Plan For those who desire to make monthly payments, we have made arrangements with Care Credit to do so. There is no extra charge to you and applying is very easy. You find out immediately if you qualify so you might want to do so before your appointment. We can help you apply in our office or you can do so in the privacy of your home via the internet at www.CareCredit.com.

CANCELLED OR FAILED APPOINTMENTS:

When scheduling an appointment with our office, we will do our best to find a time that works with your busy schedule and we ask that you give us the same respect in return. Our office charges \$50 or 10% of the treatment cost for all appointments that are failed or cancelled without 48 hours advance notice. This applies to cancellations left on our answering machine which leaves us little time to fill your vacancy with another patient.

I understand that I am responsible for all charges incurred and that my estimated co-payment is due at the time of service. I agree to pay any finance charges, collection fees and/or attorney expenses should it be necessary to refer this account to collections and I understand that any unpaid accounts will be reported to credit bureaus.

Date

Patient or Responsible Party

Business Asst.

