

Atlee Family and Cosmetic Dentistry

FINANCIAL COMMITMENT

We maintain an optimal care dental practice and are committed to quality dentistry and real dental solutions. Our financial options are flexible to help make the best dental treatment affordable. In all cases, you (not your insurance company) are ultimately responsible to ensure fees are paid due to your insurance limitations.

PAYMENT OPTIONS

Fees for all dental treatment will be arranged prior to appointments being made. If you do not have dental insurance, full payment will be required on the day of services unless a payment plan is agreed and signed. You will receive a 5% discount if you pay in full prior to treatment if there's no insurance coverage. Patients with dental insurance are required to pay the estimated co-pay at time of service.

Please select below which of the two options applies to you:

I am paying in full (most economical)	I am using dental insurance
<p style="text-align: center;">83% of our patients choose to pay in full for their treatment at each visit.</p> <p style="text-align: center;">When you pay in full prior to treatment , we will reduce your fee by 5% as a courtesy</p>	<p style="text-align: center;">The estimated co-pay is due at the time of service</p> <p style="text-align: center;">A credit card is required on file to process any claims not paid by insurance within 30 days</p>
Option 1 Initial _____	Option 2 Initial _____

PATIENT COMMITMENT

I understand and assume full FINANCIAL RESPONSIBILITY for all services rendered at Atlee Family and Cosmetic Dentistry. I understand that my agreement is required before any treatment, and that the doctor will recommend treatment based only on my health needs and not on my insurance limitations.

Name _____ Date _____

Signature: _____

CREDIT CARD AUTHORIZATION (Required)

I authorize Atlee Family and Cosmetic Dentistry to keep my signature on file and to charge my credit card for any differences not covered by my insurance and/or claims not paid by my insurance within 30 days. I will be notified by phone if any charges or credits exceed \$100.00.

Credit Card Number: _____ Exp. _____

Name on card: _____ CVV#: _____

Signature _____ Name _____

Date _____ SIGNATURE NAME (please print) Date (mm/dd/yyyy)