



Hood Family Dentistry
16 Commons Blvd. Seneca, SC 29678

(864) 882-2424
Fax: (864-882-2476

FINANCIAL OPTIONS & ARRANGEMENTS

Patient Name: _____ DOB _____

Responsible Party: _____ DOB _____

Taking great care of you and your family is our top priority. That’s why, when it comes to talking about finances, it’s very important for us avoid any chance of misunderstanding by being very clear with all fees and financial options. We want to help you afford the very best dental care available by offering several financial options that are workable for you. We ask that you review our options and indicate which payment option will be most convenient for you by completing the signature section below.

At the onset of your treatment we will provide you with an *estimate* of the total fees expected. Please understand that it will be an *estimate only*. Treatment sometimes changes for a variety of unforeseen reasons. When it comes to estimating insurance payments or coverage, we must also stress the word *estimate*, as insurance companies continue to surprise us at times. If the insurance company pays more than expected, you will receive a credit. If they pay less than expected, a balance due will be reflected on your statement. If they deny your eligibility or have not paid within 60 days, the balance becomes your responsibility. Accounts which are not settled by the first of the month will incur a rebilling fee.

Thank you for reviewing our financial options and indicating your choice of payment. We appreciate the confidence you have placed in us in caring for you and your family and remain available to you at any time to assist you with your account. Again, please feel free to contact us with any questions regarding the payment options listed below.

OPTION A: Payment as Services are Rendered

You may use cash, check, or your credit or debit card to make payment the day of service. For your convenience, we accept MasterCard, Visa, American Express, and Discover.

OPTION B: Monthly Payment Plans (CARE CREDIT OR LENDING CLUB)

We are very pleased to be able to offer you a monthly payment plan through Care Credit OR Lending Club, which provides you with a “Dental Credit Card”. Depending on the amount you charge, they can offer short- and long-term financing options, and interest free financing options for 6, OR 12 month terms. A member of our business office staff will gladly answer any questions you have about this option and assist you with the application process.

OPTION C: Insurance Coverage

Our goal is to do whatever it takes to help you maximize your insurance benefits, and as a courtesy, we are happy to submit your claims for you to your dental insurance company. Please remember that Dental Insurance is meant to help you with a portion of your dental bill. Very rarely does it pay 100% of your dental care. The contract for your insurance coverage is between your employer and your insurance carrier. It is the plan your employer chose for you. We simply provide the services, and as a courtesy, submit your insurance claims for you. Your estimated co-pay is due in full the day of treatment.

Please choose Option A or Option B above as your method of co-pay.

I, _____, have chosen option _____ above, and accept full financial responsibility for this account. I understand that any insurance estimate given to me by this office is not a guarantee of actual insurance payment or coverage. I also understand that I am ultimately responsible for all charges incurred for dentistry performed upon myself or my dependents in this dental office. Any insurance claim not paid in full after 60 days will become my responsibility to pay at that time.

Patient Name: _____

Responsibility Party Signature: _____ Date: _____

Staff Signature: _____