Link Dental | comprehensive restorative dentistry

STATEMENT OF FINANCIAL POLICY

In order to offer continuing and timely service to our patients, Link Dental now provides (for those who prefer to extend their payments over time) an interest-free, long-term financing program with an independent lending agency. It is desirable to pre-determine payment arrangements beforehand, as Link Dental does not provide "in-house" long term financing.

Payment at Time of Service:
Cash, check, Master Card or Visa. A 5% courtesy discount is allowed for advance payment, in full, (by cash or check only) on $1000.00 or more.

Anticipated Insurance or Legal Recovery:
Our relationship with you is focused upon providing optimal dental health. Large insurance companies are focused on maximizing profits by delaying or minimizing benefits to patients. Unfortunately, such practices often impede rationale treatment or its timely completion and will compromise your dental health. For this reason, we will be ardent advocates for timely reimbursement of your insurance claims which will be mailed to you, not Link Dental. However, failure on the part of your insurance company to provide timely reimbursement does not, in any way, alter your responsibility for payment in full, within 60 days of service. Any insurance payment mistakenly sent to Link Dental will be credited to your account, and overpayments will be immediately refunded to you.

Service Charges:
An automatic 1½% service charge (per month) will be added to those accounts not paid within the 60-day period. This is equivalent to an APR of 18%. The guarantor will be held responsible for any additional fees, charges, and collection agency fees required when collecting accounts.

Authorization / Payment Agreement Release:

- I authorize release of information regarding any examinations, diagnosis and treatment to third party guarantors and/or health providers.
- I further authorize you to obtain credit information as required, in order to process my application for initial visit charges.
- I agree to pay any collection expenses and reasonable attorney fees, which may be incurred while attempting to collect delinquent account balances.
- I do not have any objection to the utilization of my photographs or other dental records by Link Dental for the purposes of educating other dental clinicians or patients as long as my identity is kept confidential.
- I authorize release of medical/dental records from previous physician/dentist to Link Dental.

I hereby certify that I have read all of the above information, and agree to stipulations stated.

Date_____ **Signature**_____