

Vogel Dental Inc.
777 North 500 West #201
Provo, UT 84601
801-374-8244

Financial Agreement and Truth in Lending Statement 1.0

This statement was prepared in an effort to avoid any misunderstanding which may arise regarding your account with this office and/or your insurance company. We will try in every way we can to make the processing of your insurance as simple as possible. **Please remember, it is your insurance so it is your responsibility to know your insurance benefits and limitations.** We do not accept responsibility for collecting your unpaid insurance claim. It is your responsibility to see that your insurance company pays that part of your bill which is covered by your policy, within a reasonable length of time (30 days). **You are responsible for the payment of your account.**

Payment Agreement:

- Payment is due in full at the time of treatment, unless prior arrangements have been made.
- We accept all major credit cards
- If you have the type of insurance where reimbursement checks are sent directly to you, the full cost of treatment is due the day of your appointment.
- Payments on your account are due on the 10th of each month. Late payments will incur a \$5 late payment fee.
- Balances over 60 days incur a 1.75% finance charge per month.
- There is a fee of \$20.00 for all returned checks
- Appointments missed without a 48 hour cancellation notice will incur a charge of \$50 for each ½ hour reserved for your appointment.
- In the unfortunate event that your unpaid account is placed with a collections agency or lawyer, you agree to pay the remaining balance plus all collection/court costs and fees (a minimum of 40% of the balance).

Insurance: Where insurance benefits apply an estimated portion is expected in advance or on the day of service. Because we cannot guarantee the amount of coverage the insurance provides, any difference from our estimate should be paid immediately following the insurance payment. You the patient, accept responsibility to pay the balance in full immediately if the insurance has not paid within 60 days. If the insurance company pays more than estimated we will be happy to credit your account for future services or write you a reimbursement check.

Grounds for dismissal: Most of our patients stay with our practice for many years. There are rare occasions when we find it necessary to dismiss a patient from our practice with or without cause. These reasons include but are not limited to the following: repeated missed appointments without good cause, failure to abide by the financial policy, noncompliant or abusive behavior or dishonesty in the information you provide.

We are here to help you. If you have questions or concerns regarding your account, please do not hesitate to ask. **Good communication can help us to help you.** Please visit with our financial secretary; she is here to help you.

By my signing below I certify that I have read and understand the office financial agreement. I am aware of my insurance benefits and limitations. I agree to abide by the terms explained in this agreement.

Signature

date