

Financial and Appointment Consent Form

We welcome you and your family to Roberts & Hall Dental, the office of Dr. John Roberts and Dr. Kevin Hall. We ask that you review and complete our office and financial policy consent forms so we can provide you with the most beneficial and comprehensive services and care. We will gladly discuss your treatment plan, financial options and any other questions you may have.

Dental Insurance

If you have dental insurance we will file the claims for you as a complimentary service. Our office will provide you with an approximation of your out of pocket expense for any treatment planned by the doctors. However, please understand that these are only estimates and are not a guarantee of insurance payment. Any difference in payment from the insurance company is your responsibility. Insurance preauthorization's may be completed to verify coverage and benefits. All unpaid insurance balances remaining after 90 days from the date of service becomes the immediate responsibility of the patient and/or account holder. By providing your signature below, you authorize the release of any medical or other information necessary to process any claims and request payment of government benefits either to yourself or to the party who accepts assignment.

Payment / Copays / Deductibles

Payment for copays and/or deductibles is due at the time the services are provided.

We require payment in full at time of service. The following payment options are available:

1. Payment by cash, check, or credit card. A 5% prepay courtesy will be offered when paying for your treatment in full with cash or check for amounts over \$500.00. Please ask for a copy of our prepayment policy for all qualifying details.
2. Wells Fargo and Care Credit offer special financing with approved credit for applicants who prefer additional time to pay their balance.

Account Balances / Charges

Any balance older than 90 days will be subject to interest charges of 1.5% per month until the account is paid in full. If balance is not paid in full after 90 days, the account is at risks of being sent to a collection agency. Any attorney or collection fees incurred due to delinquency in payment will also be charged to the patient. Any personal check returned unpaid or with non-sufficient funds will incur a \$20.00 return check fee.

Cancellations and Broken Appointments

We respectfully request a 48 hour cancellation notice. Your scheduled time has been saved only for you and the doctor and/or hygienist. If less than 48 hour notice is given for appointment scheduled a non-refundable cancellation fee will apply.

The undersigned hereby authorizes Dr. John Roberts or Dr. Kevin Hall to take x-rays, study models, photographs, or any other diagnostic aids deem appropriate by the doctor to make a thorough diagnosis of the patient's dental needs. Also, authorizes Roberts & Hall to use any photos, models and x-rays taken for publication or use as an educational tool and for publicity purposes.

I certify that I have read and understand the above. I acknowledge that my questions, if any, about the inquiries set forth above have been answered to my satisfaction.

Patients Name

Signature of Patient/Guardian

Date