

## FINANCIAL AGREEMENT

- As a patient of the office I agree to provide a valid photo ID.
- If finances are being handled by anyone other than the patient, their valid photo id is also necessary.
- The address on the photo ID **MUST** match the address on the Check **AND** the Signature on photo ID **MUST** match the Check or Credit Card presented.
- I agree to supply **Evensky Periodontics and Dental Implants** with a copy of my current dental insurance card(s). I also agree to provide an explanation of benefits and/or claim form(s) from my insurance company, when applicable.
- Please be advised that it is the policy of **Evensky Periodontics and Dental Implants** to collect payment in full at the time of service, unless prior payment arrangements have been made and approved by our Office Manager in advance of the scheduled appointment.
- I will notify the office with any changes/termination of insurance coverage.
- I authorize the release of medical and dental information necessary to submit my insurance claims and/or my pre-determination of benefits for services provided to me by **Evensky Periodontics and Dental Implants** from  
Joshua A. Evensky, D.D.S., M.D.S.
- I understand that **Evensky Periodontics and Dental Implants** will submit claims on your behalf and that any benefits will be mailed by your insurance provider directly to the address you have provided. There is no guarantee that any work that you have paid for will be reimbursed by your insurance company. This is strictly dependent on whatever benefits that your insurance provider covers.
- I will notify the practice if I am aware of any payment delay. It is my understanding **Evensky Periodontics and Dental Implants** will provide me with the assistance in resolving any claims.
- I agree that I will be responsible for balances applied to my account that are not covered by my dental insurance plan. Any balance left after your insurance has paid must be remitted upon receipt of our statement. Any balance over 30 days from our statement date will be subject to a 1.5% monthly finance charge and a \$35 Delinquency charge. Past due accounts will be sent to collections.
- Returned checks will carry a \$45.00 fee
- Unless appointments are cancelled at least 24 hours in advance, our policy is to charge for missed appointments. You will be charged a \$75.00 **non-refundable** fee.
- I understand that I am financially responsible for any and all expenses due to collection efforts including but not limited to delinquency fee, interest, collection agency fees, court filing fees, and reasonable attorney fees.

*I have read, understand, agreed and received a copy of the insurance assignment and financial agreement stated above. I also agree that I have had the opportunity to discuss any questions or concerns regarding the above with the Insurance Specialists at the practice. **In the event the patient chooses not to sign the Financial Agreement, Evensky Periodontics and Dental Implants reserves the right to withhold treatment.***

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Patient/Guarantor Signature

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Date