

Brian M Carey, DDS  
136 SW Normandy Rd.  
Normandy Park, WA 98166  
206 244 3921

### **FINANCIAL AGREEMENT**

Welcome to Normandy Park Family Dentistry. It is our desire to provide you with the highest quality dental care available, a thorough explanation of recommended treatment plans and financial options. It has been our experience that patients want to know exactly what dental treatments are necessary and financial alternatives prior to treatment. Should additional procedures become necessary during treatment, you will be informed before treatment is rendered and advised of any fee increase. With your verbal consent, treatment will be performed and your financial arrangement adjusted accordingly.

### **DENTAL INSURANCE**

We honor most dental insurance. If you have any questions concerning your insurance, please feel free to discuss it with our business staff.

As a courtesy to our patients, we will obtain insurance benefit information, attempt to verify eligibility and submit insurance claims. Verification of eligibility and benefit information, however, is not a guarantee of payment. Accurate benefits and eligibility can only be determined after a claim has been submitted. Full financial responsibility lies with the patient. Arrangements for payment are made with you. We require your estimated co-pay at time of service. Your insurance company is responsible to you. Payment is due at time of your appointment. After 60 days any unpaid balance will begin to incur interest charges at the rate of **1%** per month.

Our practice is committed to providing the best treatment possible for our patients and we charge what is usual and customary for our area. You are responsible for paying the bill regardless of the insurance company's determination of usual and customary rates.

This signature on file is my authorization for the release of information necessary to process my claim. I hereby authorize payment to Brian M Carey DDS of the benefits otherwise payable to me.

### **PAYMENT OPTIONS**

1.  CASH OR CHECK  
(We ask for estimated co-pay at time of service.)
2.  MASTERCARD OR VISA  
(We accept these credit cards for payment but without a discount.)
3.  YOUR INSURANCE PROVIDER  
 WDS  PremeraBlueCross  BlueShield  Aetna  Guardian Other: \_\_\_\_\_
4.  EXTENDED PAYMENT PLANS
  - a. Through **Care Credit**, we are able to offer our patients a separate payment plan. There is no enrollment or annual fee, no down payment, and the first 90 days can be interest free.
5.  ELECTRONIC FUNDS TRANSFER

We are happy to provide a monthly electronic payment plan. You determine a monthly payment and authorize to have this amount taken directly from your bank account. There is no fee for this service and we are happy to offer this option interest free for 60 days.

### **MISSED APPOINTMENTS**

Unless cancelled at least **24** hours in advance, our policy is to charge for missed appointments. Please help us serve you better by keeping scheduled appointments.

PATIENT \_\_\_\_\_

SIGNATURE RESPONSIBLE PARTY \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_