CACHE VALLEY
WISDOM TEETH

Financial Agreement

This agreement is to inform you of your financial obligation to our practice and to provide clear communication of our financial policy.

All accounts are due and payable at the time of service. We desire to make dental treatment affordable to all of our patients. Therefore, we offer the following payment options:

1. Cash, Check, or Credit Card
2. Flexible payment plans upon approval with Cherry financial. Approval must be received prior to treatment date.

Patients with insurance are responsible for their estimated patient portion at the time of service. As a courtesy to you, we will process your insurance claim. Many necessary dental services are not covered under insurance even though you may require those services. We understand insurance guidelines can be hard to understand and overwhelming at times. Fortunately with the information provided to us by you and your insurance company we are able to help provide some assistance in estimating your insurance benefit. However, your insurance company makes final determination on payment once treatment is completed and the claim is submitted. Your co-payment may be adjusted after the time of service depending upon the final reconciliation of insurance payments. Your insurance is a contract between you and your insurance company; therefore, all charges are your responsibility.

Patients without insurance are responsible for the entire balance at the time of service.

Parents not accompanying dependent children to their appointment must make prior arrangements for payment.

Adult patients responsible for their own account who are being sedated for their appointment must pay their balance in full prior to receiving treatment.

If for any reason your account is turned over to a collection agency, a fee of 35% will be added to your account.

Should your account be turned over for collection, the undersigned agrees to pay all costs to collect the debt, including, but not limited to, interest in the amount of 18% per annum, attorney's fees, court costs, and collection fees in the amount of 40%. The obligation to pay the collection fees shall be imposed at the time of assignment of the debt to a third party debt collection agency. Electronic Communications: I consent to receiving HIPPA-compliant communications from Cache Valley Wisdom Teeth as well as its agents, subsidiaries, affiliates, officers, employees, partners, successors in interest, and any companies acting on its behalf. I may be contacted by live operators, dialing systems, prerecorded and artificial voice messages, text (SMS or MMS) or email at any time with information related to your account. I understand that this applies to me and anyone I have authorized to act on my behalf. I confirm I am the owner of or are authorized to use the provided numbers and email addresses. I will update any changes immediately. I understand that there is no obligation to receive these electronic communications. Messages/data rates may apply.

I HAVE READ AND AGREE TO THE FINANCIAL AGREEMENT

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Patient/Legal Guardian Signature **Date**

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Witness Signature **Date**