



Boyette Dental

10825 Boyette Road Riverview, FL 33569 | (813) 741-0483

FINANCIAL AGREEMENT

Payment

- Payment is due at the time services are rendered, unless previous arrangements have been made with our Financial Coordinator.
- Returned checks will result in a \$35 fee, along with the original amount due. We reserve the right to refuse future checks.
- In the event that your account is not paid as agreed, legal action may be taken and a collection fee of 33% of the unpaid balance will be added, as well as reasonable attorney's fees and/or court costs.

Insurance

- We are happy to work with your insurance to make sure you get maximum coverage for your dental treatment. **Please remember, however, that as dental providers, our relationship is with YOU, not your insurance company.** We have no control over the benefits of your plan and it is ultimately your responsibility to be aware of what your contract benefits are.
- As a courtesy to you, we will provide you with an **ESTIMATE** of your insurance portion prior to beginning treatment, and process the claim for you. This estimate is our best guess of what you can expect your dental insurance to cover based on the information they have provided us. **You are responsible for any difference between actual charges and what the insurance carrier pays.**
- If there are any delays on the part of your insurance company in the processing of your claim, it is your responsibility to contact your insurance carrier. If your insurance company does not provide payment within 60 days of the service date, you will be held responsible for any remaining balance.

Appointments

- Appointments must be confirmed at least 24 hours in advance to remain on the schedule. Unconfirmed appointments may be removed from the schedule.
- Because instruments, chair time and personnel are reserved exclusively for your appointment, we reserve the right to charge a broken appointment fee for appointments missed or cancelled without a 24 hour notice. Patients with a history of multiple missed/cancelled appointments may be asked to pre-pay for their appointment prior to scheduling.
- Patients who arrive late to their appointment may need to be rescheduled due to time constraints.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we urge you to contact us promptly for assistance in the management of your account. We are here to help you.

I have read and understand the above financial policy and agree to meet all financial obligations.

Responsible Party Name	Responsible Party Signature	Date
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Patient Name (Additional Family Member)	Patient Name (Additional Family Member)	
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Patient Name (Additional Family Member)	Patient Name (Additional Family Member)	
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