



**FINANCIAL AGREEMENT**

Payment in full for all charges is required at the time of visit, unless prior arrangements have been made.

**INSURANCE FILING**

You, the patient/ responsible party, are ultimately responsible for payment in full on your account, not the insurance company. We do however; file dental insurance claims as a courtesy to our patients. We can only make estimates regarding your insurance benefits based on the information provided by you and the insurance company. In the event your insurance company does not pay as much as expected, the remaining balance is due and payable immediately by you, the patient/ responsible party.

**ASSIGNMENT OF INSURANCE BENEFITS**

I/we hereby assign directly to Power Ranch Dental Insurance Benefits otherwise payable to me/us. I/we hereby authorize the release of any information relating to any claims. I/we understand I/we are financially responsible for charges not paid by this assignment.

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Responsible Party Signature

**DELIQUENT ACCOUNTS**

All delinquent accounts (30 days or older) are subject to reasonable service charges and/ legal interest rates.

**COLLECTION PROCEEDINGS**

In the event your account is turned over to a collection agency for non-payment or other delinquency, you will be responsible for payment of any collection costs and/or attorney fees, in addition to the balance owed. Any account turned over to a collection agency forfeits any past special fees and/or discounts. Such special fees and/or discounts will be reversed and you will be responsible for payment of regular fee for procedures at the time of service.

**FAILED APPOINTMENTS**

Failed appointments (less than 48 hours notice) are a significant contributor to rising health care costs. **Individuals who fail to show for a confirmed scheduled appointment will be assessed a fee based on the length of the missed appointment.**

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Responsible Party Signature

**ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES**

I have received a copy of this office's Notice of Privacy Practices. I further understand that I have the right to refuse to sign this acknowledgement.

I have completely read and understand the contents of this agreement. I agree to comply with all policies.

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Responsible Party Signature