

Favour Dental

Dr. Troy Bonin

5403 FM 1488 Suite A7

Magnolia, Texas 77354

281.259.6717

FINANCIAL AGREEMENT

Insurance Filing:

Our office does accept insurance benefits. However, our acceptance does not absolve the responsible party of full responsibility for charges for treatment rendered. The estimate provided by our office is to be considered a guideline. We will make every effort to be accurate in our estimation of benefits. Insurance companies will not guarantee forms of payment therefore our office will not be able to guarantee any estimations, which will also include predeterminations. Your benefits are between you and your insurance carrier(s). Claims are submitted promptly after treatment is rendered; if your insurance hasn't not been paid or the carrier(s) is not processing claims within reasonable time frame (45 days), the office holds the right to submitted charges onto the patient's account. Reimbursement and assignment of benefits will become patient's responsible in full. We take great pride in helping you receive the maximum benefit from your insurance and are always glad to answer your questions and help you in any way.

Initials

Primary & Secondary Filing:

Due to HIPPA requirements, we may be unable to provide your second insurance with an EOB. Therefore, if we are not able to provide secondary with primary and processing cannot be completed, secondary insurance may not be handled within the office.

Initials

Missed & Cancellations:

We charge for all missed appointments without a 48 business hour notice given to the office. Treatment/Production appointment may occur rates of \$25.00 per 30mins after the first hour of treatment scheduled. Forty-eight (48) business hours notice is required to avoid all fees. Cancellations cannot be accepted via email or voicemail, we ask to contact our staff personally to avoid fees.

Initials

Charges & Payment:

All services rendered will the responsibility of the patient. Payment(s) for services performed will be collected upon checking in, including any past due, or non-covered benefits by the insurance.

Initials

I understand the office policy requires my account to be paid in full each month. If I desire or need to make monthly payments (prior), application for payment must be made before any dental treatment is rendered. All accounts are to be paid in full within 90 days of treatment, regardless of insurance. I agree interest will be added to any unpaid balance at the rate of 1% per month, which is 12% per year with a minimum charge of \$2.50. I also understand additional late fees may be applied in my payment is not received within 15 days of the statement.

I understand by not agreeing Favour Dental and/or associates may refuse service and if I am seen; I may be required to pay for all services at the time of treatment, including any portion that would be paid by my insurance.

I certify to have read, understood, and agree to this financial agreement.

Patient Printed Name: _____ Date: _____

Signature (Patient or Legal Guardian): _____