



## AGREEMENT FOR DENTAL SERVICES

At Traverse Mountain Family Dental, our first priority is to you as our patient. We are glad you have chosen Traverse Mountain Family Dental for your dental needs. We look forward to providing you with quality service and the best experience possible. To make this happen, we rely on your presentation that you will pay our office for the service we provide. In hiring our office to provide you with dental services, you agree to the following terms:

Please Initial lines 1-6:

1. \_\_\_\_\_ **Courtesy Insurance Claim.** As a courtesy, we will be glad to file your claim if you bring 1) your dental insurance wallet card and 2) all required employer information. You will be expected to pay up front for services rendered if the office is unable to verify your insurance information before any treatment. Your insurance is only based on an estimate; it is never a guarantee of coverage. You will be responsible for anything not paid by your insurance company.
2. \_\_\_\_\_ **You are responsible to pay your entire bill.** Insurance benefits are determined by your insurance provider; not your dentist. Your insurance policy is a contract between you and your insurance company. Any deductible or estimated co-payment amount will be due at the time of treatment. Proof of insurance is not a guarantee of payment; insurance typically will not pay for all of your costs.
3. \_\_\_\_\_ **Payment is due at the time of service rendered.** For your convenience we accept: Cash, Visa, MasterCard, Discover, American Express and personal checks. (Prior to commencing treatment, payment plans and financing arrangements can be made for most dental treatments, by way for separate payment plan contract. For your convenience outside financing is also available, through Care Credit).
4. \_\_\_\_\_ **Returned Check Fee.** Traverse Mountain Family Dental charges a return check fee of \$25.00 for any check that is dishonored for any reason.
5. \_\_\_\_\_ **Collection.** I understand that it is my responsibility to provide my correct/updated insurance information and that this office will bill my insurance as a courtesy to me. However, regardless of insurance coverage, I agree that it is and shall remain my responsibility to pay all amounts owing as set forth herein. I agree that interest will accrue on all past-due amounts at the rate of 18% per annum (1.5% per month) until paid in full. In the event any amount(s) is/are referred to a third party debt collections agency, I agree that in addition to any other amount(s) allowed for by law, (such as interest, court costs, reasonable attorney's fees, etc) I will also be responsible for a collection fee of up to 40% of the principal amount(s) owing as allowed by Utah Code Annotated, sec. 12-1-11. The terms of this paragraph shall apply to all amount(s) incurred by me or by any individual for whom I have legal responsibility whether such amount(s) are incurred today or after today.
6. \_\_\_\_\_ **48 Hour Cancellation Policy.** Appointments are reserved exclusively for you. As a health benefit to you, we may offer to move your appointment to an earlier time if openings arise. Traverse Mountain Family Dental reserves the right to charge a \$50.00 fee per hour for any appointment that is missed/late or cancelled without a 48-business hour advanced notice. If you are over 20 minutes late for your appointment we will automatically cancel your appointment time and the 48-business hour late cancellation policy will apply.

I have read, understand and agree to all of the terms in the Agreement for Dental Services.

\_\_\_\_\_  
Responsible Party's Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date