

# YUKON DENTISTRY

## Financial Agreement

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Yukon Dentistry is pleased to offer you the following payment options, please select which you prefer (please note, your choice will be applicable to all family members):

### **No Insurance**

Option 1: Payment is due in full the day treatment is rendered. We accept cash, debit, Visa, MasterCard and American Express.

### **Your Insurance Pays You**

Option 2: Your insurance company may require you to, or you may prefer to, pay for your dental work directly on your treatment day, and have your insurance company reimburse you. Yukon Dentistry will process your payment on the date treatment was rendered. Our team members will assist you in submitting the necessary documents to your insurance carrier.

### **Your Insurance Pays Us**

Option 3: You may leave your credit card number on file and we will bill your insurance company directly to pay us. We store this information using Xcharge, it's a program we launched in August 2020 to ensure the safety of our patients' credit card information. We are confident in Global Payments ability to secure this sensitive information, they have been securely storing our patients credit/debit information for years. Once your insurance company has paid us their portion, our Financial Advisors will process the remaining balance to your credit card on file. Yukon Dentistry can provide estimates when requested, and you will receive a courtesy call if the balance is higher than expected. Please present your credit card to reception, when you arrive for your appointment.

I hereby consent for my credit card to be charged for outstanding balances for members of my family, as listed in my family file (ie: dependents & spouse)

**Please present your insurance card at reception if you're a new patient, or if your insurance has recently changed.**

You may change your mind and opt for a different financial agreement at any time, to do so we will require you to fill and sign this form again. Please speak with an Office Administrator if you would like to update your financial agreement with Yukon Dentistry.

\* For my convenience, this office may release my information to my insurance company, and receive payment directly from them.

\* I understand that if I begin major treatment that involves lab work, I will be responsible for the fee at that time.

\* Every effort will be made to help me with my insurance, but if they do not pay as expected, I will be responsible to pay for services I've received.

\* I agree to pay finance charges of 1.5% per month (18% APR) on any balance 90 days past due.

\* I will pay a fee for appointments broken without 24 hours notice.

\* Treatment plans may change, and I will be responsible for the work actually done.

Signature: \_\_\_\_\_