Christopher L. Schneider, D.M.D.

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Dear Patient:

Thank you for choosing us as your dental health care provider. We are committed to keeping your dental health care costs down. In order to achieve this goal, please understand that payment of your bill is an essential part of our continuing cost containment efforts. The following is a statement of our financial policy which we require that you read and sign prior to receiving any treatment. All patients must make definite financial arrangements prior to the beginning of treatment. The most frequently used plans include:

Full Payment: at the time of service. We accept CASH, CHECKS, DEBIT, and CREDIT CARDS.

Divided Payment Plan: partial payment at each visit. Estimated charges for treatment required divided by estimated visits required.

Commercial Dental Financing Plan: our office has a contract with CareCredit. This company does require a credit application and offers several payment plans including no interest plans with no annual fees or prepayment penalties. Ask for a brochure.

Regarding Insurance: Our office will assist you with completing necessary forms, submitting a pre-treatment/claim on your behalf, and review your dental benefits with you. We do require that the deductible, estimated co-payment, and services not covered be paid at the time of service. We will do our very best to accurately **ESTIMATE** what your insurance company will pay towards normally covered services. Please understand however, our calculations are strictly **ESTIMATES** and are no guarantee that your insurance company will reimburse us according to these estimates. Ultimately, your insurance is a contract between you and your insurance carrier. We are not a party to that contract. Any service that is not covered by your insurance company, for whatever reasons, is your financial responsibility.

UCR (Usual and Customary Rates): Our office is committed to providing treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment in full regardless of any insurance companies determination of usual and customary rates.

Delinquent Accounts: Returned checks will be charged a $25 penalty. Payment for services rendered is not to be delayed due to accident/personal injury cases and/or martial disputes. Balances older than 30 days will be subject to interest charged of 1.0% per month. Patient balances older than 60 days will be turned over to our collection agency. Any attorney or collection fees incurred due to a delinquency in payment will be charged to the patient.

Missed appointments: Unless cancelled at least 48 hours in advance, our policy is to charge for missed appointments at the rate of $50 for every 30 minutes scheduled. Please help us to serve you better by keeping scheduled appointments.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. I have read and understand the Financial Policy (above) and fully intend to stand by the financial arrangements made with Dr. Christopher L. Schneider, for myself and other patients whose name I have provided to appear on my account.

X_____ Date: _____

Signature- Patient or Responsible Party