

STUDIOBDENTAL FINANCIAL GUIDELINES

Thank you for selecting our office for your dental needs. We realize that everyone's financial situation is different. For this reason, we have worked hard to offer a variety of payment options to help you receive the dental care you need and deserve, with respect to your budget. We are always available to respond to any questions or concerns you may have. Please choose one of the following options;

1 - PAY AS YOU GO

The "Pay as you go" option allows you to be in control of your insurance benefits, by paying fully at each appointment for treatment and being reimbursed directly by your insurance company. This will allow you to keep personal records of all insurance reimbursements, all dental transactions, to track maximum allowable benefits and be more aware of what your plan does and does not cover. You will never have to worry about having an outstanding account balance with us. Your insurance claims will still be filed, and payment will go directly to you.

When an insurance company is reimbursing patients, payment usually takes about one to two weeks to be received, especially if the patient's plan accepts electronic dental claims. If needed, we will send electronic claims for you at each appointment.

2 - ASSIGNMENT OF BENEFITS

The "Assignment of Benefits" option offers you the convenience of using your dental benefits as a form of direct payment by assigning payment from your dental insurance company directly to StudioBDental. Please be reminded that your dental insurance is an agreement between you and your insurance company. As such, you are responsible for any service fees or balances that may not be covered by your dental benefits plan. By requesting StudioBDental to submit electronic claims on your behalf, you must leave a valid credit card number on file (Visa, Mastercard or American Express) as a precondition. Any balances not covered by your dental insurance will be billed directly to your credit card by the day the cheque is posted to your account, or on the day of treatment. Should you decline leaving your credit card on file, you lose the courtesy of StudioBDental accepting direct payments from your insurance company on your behalf and you will be responsible for the payment in full at the end of each appointment. Please fill out the credit card authorization form below. It will be kept confidential and only used under the agreed terms.

3 - ZERO % FINANCING OR LOW INTEREST FINANCING

The "Low Interest Financing" option offers you an arrangement with our financial partner (Care Credit). Upon approval, you can receive an interest-free term loan (up to 18 months) with no down payment, no prepayment penalty, and annual fee. Please request an application.

4 - QUICK CHECK-OUT

The "Express Checkout" option allows you the convenience of coming in for treatment without having to check out at the end of your appointment. Claims to your insurance company can still be submitted at each appointment and you will be reimbursed directly by your insurance company.

All you have to do is fill out our credit card authorization form below. It will be kept confidential and only used under the agreed terms. We will charge your credit card after each appointment and a receipt of this transaction will be mailed to you.

5 - 5% REDUCTION FOR PREPAYMENT IN FULL

One-time payment in cash or certified cheque due one week prior to start of treatment

PRINT NAME

SIGNATURE

DATE

CREDIT CARD AUTHORIZATION FORM

I _____ hereby authorize StudioBDental to submit electronic claims on my behalf and agree to assign the payment directly to StudioBDental. I understand that my insurance is an agreement between the insurance company and myself. I further understand that I am responsible for any service fees or balances that may not be covered by my dental benefits plan and any differences resulting from the amount billed and the amount covered by my plan.

Signature: _____

Date: _____

Patient Name: _____

Phone #: _____

3rd Party Payment: _____
(responsible party name)

Please circle credit card: **Visa** **MasterCard** **American Express**

Card #: _____

Expiration Date: _____

Card holder signature: _____

CC security code: _____

Print name: _____

Date: _____

Staff Initials: _____