Generational Smiles
FAMILY DENTISTRY

6825 Winchester Rd., Suite 1A
Memphis, TN 38115

Financial Agreement

Our office works with most dental insurances. We are considered out of network. Some policies do not allow for our network coverage. As a courtesy our office accepts assignment of your primary insurance benefits so that will not be out of pocket for the Full amount of service. Our office will estimate your primary insurance benefits for each visit. We can generally estimate your benefits with reasonable accuracy however you will be held responsible for any amount not paid by insurance regardless of the reason they refuse payment. Insurance often does not pay as much as expected, may refuse payment for certain procedures based on your policy provisions. Waiting periods and other clauses/exclusions wills also affect your coverage. Please note your insurance policy is an agreement between yourself, your employer and the insurance company. Please know that we will do everything possible to see that you receive the full benefits of your primary policy. Your estimated portion is due and payable in full at the time of your visit. We do accept assignment of benefits for secondary/ supplemental insurance coverage and secondary benefits will be considered when figuring out of pocket expenses for services.

If you require financial assistance in planning for portion of your bill, please make arrangements with our office prior to your schedule treatment date. If for any reason your insurance company has not paid their portion within 30 days of your date of service, we will assist you in contacting your insurance company to find out when the benefits will be paid. Notice to Delta Dental patients: as mentioned above, our office is considered an out of network provider. The majority of Delta Polices will only make payment to the policy subscriber (patient) when an out of network dentist is seen. For this reason, our office requires Delta policyholder (our patients) to make payment in full at time of services, as a courtesy, we will file your claims to Delta for reimbursement to you. We realize that every person's financial situation is different. For this reason we have worked hard to provide a variety of treatment plan payment options to help you receive the dental care you need and want with respect to your budget. Our office accepts **Checks, Cash, Visa, MasterCard, Discover, American Express, and CareCredit. CareCredit** is a service offered by GE Capital Consumer Card Company that currently offers low or no interest monthly payment plans. Please let us know is you are interest in more information about **CareCredit** for balances over$500.00 you may qualify for Simple **Payment Plan with 0% interest**, 100% acceptance and no credit checks.

A **$35.00** services charge will be assessed on all returned checks. As a courtesy our office extends the following discounts to our patients that qualify for our patients 65 and older we extend a 10% Senior Citizens discount on all services paid in full at the time of service. For all patients our office extends a 5% "in Full" discount when services exceed $500.00 in one visit and the total of those services is paid in full at the time of services. Cash discounts will not be extended to patients utilizing our assignment of benefits on their insurance. Only one discount may applied per person per visit. In order for our office to properly manage your dental care needs current information is imperative. Please help our office keep your records up to date by informing us of and changes to your account. This would include but not be limited to: Name, Address, Phone numbers, Email address, Employer, Insurance and all medical/health history. Our office reserves the right to chance a **$25.00** for broken appointment fee. A broken appointment is one that is not showed or cancel/rescheduled without 24 hours' notice. Please remember schedule appointments are time reserved especially for you. Your 24 hours' notice allows to offer your time to other patients awaiting treatment.

I have read the above conditions and have had an opportunity to have my question answered

I understand that by signing this document, I agree to all the terms contained within it.

Patient or Responsible Party Signature_____ Date_____

Patient Name_____

We would be happy to provide you with a copy of this financial agreement for your records upon request.