

Patient Name _____ Date _____

Financial Arrangements

Dental treatment is an excellent investment in an individual's well being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that different people have different needs in fulfilling their financial obligations, we are providing the following payment options.

Dental Insurance:

The insurance **estimate** is based on limited information obtained from your insurance company. The level of coverage purchased for you by your employer determines the amount of your insurance company's payment. Please remember that your dental insurance is your responsibility. While we are happy to help you with claims submission to see that you receive the full benefits of your coverage, we can make no guarantee about insurance payment. If for some reason the insurance company does not pay the **estimated** benefits, then you are responsible for the entire treatment fee at that time. **Please initial** _____

Estimated Total Treatment Fee: _____

Estimated Insurance Benefits: _____

Patient Co-payment Responsibility: _____

Payment Options:

❖ **Debit/Credit Card Authorization**

I authorize Dr. Rule's office to run my payment of \$ _____ on the _____ of each month starting with _____ until balance is paid in full. (A credit card receipt will be sent to patient for each transaction).

Visa, MasterCard, American Express, Discover Acct. # _____, Exp.Date ____/____, Sec.code _____

❖ **Care Credit:**

Pay for co-payments, deductibles, and treatment not covered by insurance

Finance from \$1000.00 to \$25,000.00

Choose a no-interest (with minimum monthly payments required 12-18months)

Extended plan have competitive interest rates

Easy application process and quick decision at: www.carecredit.com

❖ **Springstone Patient Financing:**

Pay for co-payments, deductibles, and treatment not covered by insurance

Finance from \$1000.00 to \$40,000.00

Choose a no-interest (12-18months)

Extended plan have competitive interest rates

Easy application process and quick decision at: www.springstoneplan.com/patients/

❖ **Cancellation Fee:**

Less than a **48 hour** notice for Dr. Rule a \$200.00 fee will be charged.

Less than **24 hour** notice for Hygiene a \$75.00 fee will be charged.

Credit card deposit may be needed to reserve future appointments.

My signature below acknowledges that I understand that I am responsible for the entire treatment fee.

Date Patient or Responsible Party

Financial Coordinator