

PAYMENT OPTIONS for Kelly Jorn Cook, D.D.S., P.C.

We strive to offer convenient payment plan options while at the same time maintaining the high standard of comprehensive dental care that our patients deserve. Before we begin your treatment, we will provide you with an estimate of your total costs. Payment for services is due at the time of treatment. As a courtesy, our office will submit charges to your insurance carrier. Since very few companies cover the entire fee, we will require you pay your percentage of the total cost, including any deductible, on the day services are rendered. If your insurance company refuses to pay, or does not pay in full, you will be responsible for the remaining balance. If a patient decides to discontinue treatment after it has been started, a full refund will not be given.

Please review the financial options offered and indicate your choice of payment:

Plan A: Payment in-full, via cash, check or credit card, on the day of each visit, for patients without dental insurance benefits.

To show our appreciation for patients who pay in full, via cash or check, at time of service, we will extend a five percent (5%) courtesy fee reduction.

To show our appreciation for patients who pay in full, via Credit or Debit Card, at the time of service, we will extend a three percent (3%) courtesy fee reduction. We gladly accept MasterCard, Visa, Amex and Discover.

Plan B: Extended monthly payment plan through CareCredit.

We are pleased to offer CareCredit Healthcare Finance. CareCredit offers interest-free options dependent on the balance due for the services provided, in addition to payment plans featuring monthly payments as low as 3% of the balance, if paid within the specified timeframe without accruing interest charges. For additional information, please see the brochure or visit www.carecredit.com.

Plan C: Maximize dental insurance benefits, estimated Co-Pay due at time of service.

As a courtesy, we will bill your dental insurance for completed services. *Please remember that your benefits are between you, your employer and/or your insurance carrier.* Regardless of coverage, we estimate co-pay based on your current benefit information. If your dental plan does not pay within 60 days of treatment, you must pay outstanding balance and seek reimbursement from the insurance carrier. If your dental plan pays more than expected, we will gladly credit your account or send you a refund check.

I, _____, have chosen Plan _____ (above) and accept full financial responsibility for this account and for all dentistry performed on my dependants in the dental office of Kelly Jorn Cook, D.D.S., P.C., I understand that it is my responsibility to confirm my insurance eligibility and benefits. I know that any insurance estimate or information given to me by the office of Kelly Jorn Cook, D.D.S, is not a guarantee of actual insurance payment. I also understand that any insurance claim not paid in full after 60 days will become my responsibility to pay. I further agree to pay all finance charges, collection cost, attorney fees and any other cost that may be incurred to enforce collection of any amount outstanding.

Patient Signature: _____ **Date:** _____