

Accountability Confirmation

Financial information – I understand I am financially responsible for payment in full of all my accounts. A service charge of 2% per month will be added to all account balances over 60 days old; this is an annual percentage rate of 24%. I understand that if my account becomes delinquent, I may be referred to a third party for collection. I also understand that future dental services may be limited for all persons under my account until my account is current.

Insurance disclosure - *I understand and acknowledge that it is my sole responsibility to contact my insurance company and/or employer to assure proper approval for services and coverage at Racine Dental Group, S.C.* I understand that my insurance carrier may pay less than the actual fee for services. In order to expedite the preparation, mailing and processing of my insurance, I hereby authorize Racine Dental Group, S.C. to provide the insurance company(s) claim administrator and consulting care professionals information concerning health care advice and/or treatment provided. This information will be used for the purpose of evaluating and administering claims for benefits and I authorize Racine Dental Group, S.C. to receive payment of any insurance benefits otherwise payable to me. I understand and acknowledge that it is my sole responsibility to obtain payment from any third party in the event that my insurance does not pay any balance in full.

Release of information - I attest to the accuracy of the information within this form and agree to provide Racine Dental Group, S.C. with any changes. I have the right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original. Any information obtained will be used for the purpose of insurance filing, payment and collection of fees for services rendered.

Note to parents of minor children:

Per Wisconsin Statute 766.55, parents of minor children are jointly and severally responsible for any and all balances resulting from services rendered to minor dependents. Dependent children will be placed under the account of the parent or guardian: with whom the minor child resides. The parent or guardian with whom the dependent child resides will receive all documentation pertaining to the account such as statements, recall notices and insurance notices.

Racine Dental Group, S.C. does not get involved in domestic disputes such as divorce decrees, parental liabilities, custody, or any other personal family issue. These personal matters are not the responsibility of Racine Dental Group, S.C. Racine Dental Group, S.C. will not provide documentation pertaining to the account to any individual not identified on the Patient Registration Form except at the request of the account holder.

Written Financial Policy

Thank you for choosing Racine Dental Group. We have many payment options available to our patients. Our goal is to give each person an opportunity to afford the dentistry they need and want.

You can choose from:

→ Cash, Check, Visa, MasterCard or Discover Card

→ Convenient monthly payment plans from CareCredit*

- Allow you to pay over time
- No annual fees or pre-payment penalties

→ If you have no dental insurance:

- You can also participate in our SmileAssist™ program, which offers a year's worth of preventative dental care for one low price, dental care for the whole family and additional discounts. Talk with our SmileAssist Administrator for details: (262) 619-7739.

Please note:

Racine Dental Group requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

Insurance: If you have dental insurance, our knowledgeable team will file all the necessary paperwork with your insurance company. We will provide you with an estimate of your coverage and benefits. Your estimated portions are due at the time of service.

A fee of \$30 is charged for patients who miss or cancel more than one time in a calendar year without 24-hour notice.

Racine Dental Group charges \$35 for returned checks.

* Subject to credit approval

Patient , parent or guardian signature

Date

Patient name (please print)