



# Financial Policy

We are committed to providing you with the best possible care. In order to achieve this goal, we need your assistance and your understanding about our office financial policy.

Payment is due at time of appointment. If you have dental benefits, we appreciate your estimated portion be paid on the day of service.

**Please select the desired payment method (select all that apply)**

**Cash or Check**

**Debit or Credit:**

(Visa, MasterCard or Discover Card)

**Dental Benefits:**

If you have a dental plan, we are happy to bill them after your portion is paid on day of service and to help maximize your benefits. However, please keep in mind that dental plans do not determine treatment; they establish only what the employer is willing to offer as part of their employee benefit package. Plans vary, so please refer to your handbook or check with your company's HR department for details. Any balances owed after benefits are paid are solely the patient's responsibility. Dr. Tinkle currently participates as an in-network provider under Delta Dental which includes WDS (DD of WA) and ODS (MODA), on the premier level.

**Care Credit:**

Apply online at [www.carecredit.com](http://www.carecredit.com). Plans offered by Care Credit will be at the discretion of the dental practice. Inquire as to which plans are currently being offered at this office.

**Child or dependents:**

If treatment is rendered for your child or minor dependent and any persons other than legal guardian brings the child to the appointment, payment must be sent with child or accompanying adult on behalf of child.

**Missed appointments:**

We reserve the right to charge **\$70.00** for appointments canceled or broken without **48-hour advance notice**. Please help up serve you better by keeping scheduled appointments.

**Pre-determination of dental treatment:**

A pre-determination of dental benefits is done only by request and is at no charge for the first submission per procedure. In the event you choose to not proceed with the treatment after the pre-determination has been processed, and it expires, there will be a \$25.00 administrative fee to re-submit a new pre-determination. This amount will credited back to your dental ledger once you do proceed with treatment. **Please keep in mind a pre-determination is not a guarantee of payment by your dental insurance company.**

I have read and fully understand the Financial Policy and agree to abide by the guidelines that are set forth on such policy. I am agreeing to pay any and all legal fees of charges incurred if collection becomes necessary. I further understand if there is an infraction of the Financial Policy, I will not be provided any future treatment by Dr. Amanda Tinkle and the designated staff.

I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand that payment is due at the time of service unless other arrangements have been made. In the event payments are not received by agreed upon dates, I understand that a 1.5% late charge (18% APR) may be added to my account. If required, I also understand a check of my credit history may be made.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Responsible Party's Signature

\_\_\_\_\_  
Relationship to Patient