



Jessica C. Nieva D.D.S., PC
552 Old Smizer Mill Road
Fenton, Mo. 63026
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Dental Services Financial Agreement

Fenton Family Dentistry's goal is to help you establish excellent oral health. We are committed to helping you determine the most appropriate treatment for your dental needs and desires. Should you have questions concerning your treatment, treatment sequence, or fees for services, please ask for clarification before treatment has begun.

Our financial policy is as follows:

- Payment is due at the time of service.
- We accept cash, personal checks, and most major credit cards including MasterCard, VISA, and Discover.
- Payment plans are available through CareCredit with payment options available with up to 12 months no interest (\$1,000 minimum) or fixed rates for up to 5 years.
- We will provide estimated balances between the cost of service and co-payment of your insurance. Predetermination of benefits may be advisable if there is a question concerning coverage.
- Insurance- insurance is a contract between the patient and/or employer and the insurance company. It is not a contract between our office and your insurance company. As a courtesy, we will be happy to assist you by filing your insurance claim and answering the details that the insurance company may require. We cannot be responsible for payment by the insurance company. **The responsibility for payment belongs to the patient.**
- Extended treatment plans will be outlined so that appropriate payments may be made as each phase of treatment has begun.
- \$35.00 fee will be applied for **ALL** returned checks.

We reserve the right to accept or deny certain insurance plans at our discretion. If we accept your insurance plan, our estimation of your co-payment is due at the time of service. If your insurance company has not paid the **full balance** within 90 days, you will have 60 days to pay the balance.

Please remember that you are responsible for timely payment of your account. Should it become necessary to refer your account to an agency or attorney for collection, you will also be responsible for all costs associated with the collection including attorney's fees and court costs.

****In the event you are unable to keep your appointment, we do request that you kindly give us a 48 hour notice to avoid a \$50 per hour missed/cancelled appointment fee.***

I understand that I have assigned any insurance benefits directly to Dr. Jessica C. Nieva DDS, P.C., but that in some instances my carrier will send claim payments to me. I agree to submit these payments to the assigned within a 48 hour period. In addition, I also agree to assist Dr. Jessica C. Nieva DDS, P.C. in any way to successfully resolve insurance claims.

I understand the above policy and agree to the terms herein.

Individual/Parent/Guardian/Responsibly Party

Date