



GRANDE DENTAL CARE

Dr. Marcos A. Grande, DDS PLLC

General, Cosmetic, and Implant Dentistry

Financial Agreement and Authorization of Treatment

Thank you for choosing Grande Dental Care to provide you with the highest quality lifetime dental care. An important part of our mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options. This Financial Agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances. If you have any questions or concerns about our Financial Agreement please do not hesitate to ask our office.

Payment options include:

- Cash:
 - We offer an 8% courtesy reduction in costs for patients, who have no insurance, and pay up front and in-full their treatment in cash prior to completion of care for treatment plans of \$1000 or more.
- Check:
 - Returned checks will be subjected to a \$45 fee plus any additional fees.
- Visa, MasterCard, American Express, or Discover Card
- Convenient monthly payment options through the CareCredit HealthCare Credit Card:
 - Allows you to make monthly payments over time.
 - No annual fees or pre-payment penalties.

Please note:

As a courtesy, we do file insurance claims for treatment rendered to you. It is important that you recognize that our relationship is with you, the patient, *not* your insurance company. **Payment for services rendered is expected in full the day of the appointment.** You will also be responsible for any remaining balance, copays, deductibles, and coinsurance after your insurance has processed and paid the claim.

When using the CareCredit HealthCare Credit Card to prepay for treatment and you choose to discontinue care before treatment is completed, you will receive a refund less than the cost of care received.

For plans requiring more than 2 appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$1000 or more, a 20% deposit is required to secure your initial treatment appointment.

We reserve the right to reschedule late patients. Your appointment time is reserved just for you, because you are important to us. **We reserve the right to charge \$60 for a no-show patient if we are not notified at least 24 hours prior to your scheduled appointment time.**

For the release or transfer of dental x-rays and records, an administrative fee of \$25 is required.

Balances and returned checks older than 60 days may be subjected to collection fees and finance charges at the rate of 1.5% per month (18% annually).

Authorization of Treatment:

The undersigned hereby authorizes Dr. Grande to take x-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Dr. Grande to make a thorough diagnosis of the patient's dental needs. I also authorize Dr. Grande to perform any and all forms of treatment, medication, and therapy that may be indicated. I also understand the use of anesthetic agents embodies a certain risk. I have read and understand and agree to the above terms and conditions.

By signing below, I authorize treatment from Dr. Marcos Grande, DDS PLLC for myself and/or my child under the age of 18.

I hereby accept financial responsibility for all treatment provided and I agree that I am fully responsible for the full payment in the event that my insurance company does not reimburse above-stated dentist for services rendered.

Printed name of patient: _____

Signature of patient or representative: _____ Date: _____

Printed name of parent or representative: _____ Relationship: _____