

## Our Financial Alliance

### Our Philosophy

Our goal in discussing financial arrangements with you is straightforward:

To create an understanding and partnership in the settlement of your account.
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It is important to us that the quality of our business services matches the quality of our dentistry. We want the handling of your account, from the start through final payments to be perceived as an extension of the dental care we provide you and your family.

### Patient's Role

As with any partnership, both parties have a role to play. Our role is to provide you with quality service. In turn, your role is to pay for your treatment in a timely manner. Our staff will work with you to determine financial arrangements that make sense for both of us. With an agreement made, our joint follow-through will result in a win for everyone.

In developing a financial arrangement it is important to remember your dental future. Our experience has shown that when an account lingers, patients are likely to defer their appointments. It is discouraging to add new charges to an account when tiring to pay off old charges. With this in mind, we will concentrate our efforts on clearing your account in as short a time as is comfortable for both of us.

All patients must complete our Patient Registration and Medical History before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE  
WE ACCEPT CASH, CHECKS OR MASTERCARD, VISA, DISCOVER & AMERICAN EXPRESS  
WE OFFER ACCESS TO EXTENDED PAYMENT PLANS WITH CREDIT APPROVAL

### Regarding Insurance

We may accept assignment of insurance benefits, however the balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your complete insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid on your claim within 30 days, the full balance will automatically be transferred to you. That balance will be due upon billing.

\_\_\_As part of the financial arrangement process, we will **estimate** what your insurance company will pay. We very much appreciate payment of your uninsured portion upon receipt of services. In the event that your insurance company denies payment of a service, you are responsible for that fee. Any unpaid balance after insurance pays is due within **14 days**.

### Additionally

\_\_\_I understand that Dr. Schumacher is NOT a Medicare or a Medicaid provider and *will not be billing* Medicare or Medicaid for any of my services.

\_\_\_I understand there is a \$1.45 "re-billing fee" for statements sent if not paid in full upon receipt.

**I have read the Financial Alliance. I understand, accept, and agree to this Financial Alliance.**

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Signature of Patient or Responsible Party

\_\_\_\_\_  
Date