

Eckland Family Dentistry

| Redmond, WA 98052
| Woodinville, WA 98072
| Everett, WA 98201
www.EcklandFamilyDentistry.com

FINANCIAL AGREEMENT

It is our goal for patients to clearly understand their treatment needs, as well as their financial responsibility before treatment begins. We want to make dental treatment affordable to all of our patients. Therefore, we offer the following financial arrangements.

1. 5% Cash or Check Discount: For cash / check payments in full at time of treatment.
2. VISA | Mastercard
3. Patients with Insurance: Estimated portion not covered by insurance due at time of service.
4. Patients without Insurance: Payment for dental services are due at the time of treatment.
5. Other: For patients requiring extensive treatment, payment arrangements of up to 90 days may be made in advance with the financial coordinator.

For Our Patients With Dental Insurance

Because we understand that dental insurance plays a role in helping many people defray some of the costs of dental care, we would like to share with you the following facts about dental insurance.

Dental insurance is not meant to be a pay-all, it is meant only to assist in paying for your dental care. Dental insurance plans do not necessarily correspond to individual patient needs. Many routine and necessary dental services are not covered, even though it may be in your benefit to have those services provided. Our responsibility is to provide you with the best treatment for your needs, not to try to match your care to insurance plan limitations.

In spite of what your plan says, we've found that many plans actually pay less than what you might expect. The benefits your plan pays are largely determined by how much your employer / union pays in premiums for the plan. The less they pay for the plan, the less you will receive from your insurance. We are happy to submit your claims and help you to receive the maximum benefits due to you, but please understand that we cannot accept responsibility for collecting an insurance claim, or for negotiating disputed claims.

For treatment that requires dental laboratory services, a minimum down payment will be required at the initial appointment. A finance charge of 1.8% is applied on all account balances after 90 days.

I hereby assign to the dentist, all payment for dental services rendered. I have read and understand the above financial policy. Regardless of insurance coverage, I am responsible for payment of all dental fees for myself and/or my dependents. I authorize Dr. Eckland to furnish information to insurance carriers concerning my dental treatment or my dependents dental treatment.
