

RANE'S EXCLUSIVELY YOURS DENTAL

A Dental Boutique Just For You!

ALL PHASES OF DENTISTRY ON SITE

Children • Adults • Seniors

609-275-1777

www.ranesdental.com

PATIENT FINANCIAL AGREEMENT

200 % Customer Satisfaction Is The Goal At Rane's Exclusively Yours Dental!

“To provide exclusive dental care by the best team of healthcare advisors, creating lasting relationships with you and your referrals and ultimately providing you 200% satisfaction.”

Motto: A home for all phases of dentistry serving you with compassion.

Your treatment plan fees are an **ESTIMATE ONLY** based on the information you or your insurance company has provided us with. The insurance company does not guarantee payment. The guarantor is the account holder and responsible for the patient account. We respect an honor all our patient's time with us so as a professional courtesy we call to confirm your appointment several days in advance. It is also important for you to reply with a confirmation so that others in need of surgery time or serious dental attention can be offered that time slot (*as we would do for you*). For us to provide you with prompt appointments and quality care we need your cooperation with the schedule. Our office financial agreement is as follows:

I acknowledge that this is an estimate only and my co-payment is due on the date of service. I also understand that I, not the insurance company, am ultimately responsible for payment in full for all service rendered.

I fully agree that if my account is past due 30 days (after the time period for collection of insurances) the office may refer to an outside agency for collection. I also understand that a reasonable collection fee of \$75.00 or 20% of the balance owed which ever is higher will be added to my total charges. (These collection fees are customary standard amounts used by professional services as means of collection.)

I fully understand that when an appointment is made on my request I must confirm my appointment or give Rane's Dental Offices a 48 hour notice to cancel the appointment. I agree if I do not confirm my appointment and it is one day prior to my scheduled date the office has my permission to give the time slot to another patient. I may also be charged a \$75 cancellation fee (\$125 for surgeries and specialty work) depending on the reason for cancellation at the office discretion. This fee is usually waived for a genuine excuse but is exercised mainly for habitual appointment breakers.

To keep your treatment fees affordable we offer you a 90 day case acceptance. Product prices change regularly and we can only guarantee pricing for the time specified. We can offer you affordable monthly payments through our finance agency with a possible 18mo. Interest free plan. Treatment plans paid in full have a higher incentive as a patient appreciation plan. It is necessary for us to present fees to you so you can make good decisions about your health.

Signature: _____

Date: _____