



Financial Policy

Payment: (initial)_____

Payment in full is due at time of service unless prior financial arrangements are made. Quarterpath Dental Center offers several payment options:

- Cash, Checks, Visa, Mastercard, Discover, American Express
- Care Credit
- Pre-Payment Discounts
- Monthly payment plans for Invisalign and Clear Correct
- Quarterpath Dental Center is currently a participating partner with United Concordia, Anthem PPO, Delta Dental Premier, Cigna and MetLife

Insurance: (initial)_____

Insurance is a contract between you and your insurance company. We will bill your insurance company as a courtesy to you. You understand that if Dr. Michael C. Shuck has treatment recommendations for you, you will receive an itemized list of recommended treatment. This will also contain an estimate of what the fees will be for the recommended treatment. If you have dental insurance, the treatment plan may include an additional estimate calculating what may be paid by your insurance company toward the fees for your treatment.

You understand that treatment plan estimates are not a guarantee and you are ultimately responsible for all fees generated by your treatment.

Past Due Accounts: (initial)_____

Credit History: You give us permission to check your credit and employment history and to answer questions about your credit experience with us. We have the option to report your account status to any credit reporting agency such as a credit bureau.

Understand that in order to collect any debt, your credit history may be checked through the use of your Social Security Number or any other information that you have given us. You agree that in the event that Quarterpath Dental Center institutes any legal proceedings with respect to the amount owed by you for services rendered, QDC will be entitled to recover all costs incurred including reasonable attorney's fees.

Returned Check: (initial)_____

There is a fee (currently \$40) for any checks returned by the bank.

Collection Fees: (initial)_____

Fees incurred to collect payment will be billed to and payable by the patient's account holder.

Missed Appointments: (initial)_____

We reserve the right to charge a fee for all canceled appointments without 48 hour notice. Dr. Shuck reserves this time exclusively for you. Please be considerate.

Divorce: (initial)_____

In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

I agree to be fully responsible for my account. I will pay for services as they are rendered. I have read, and agree to the above policy.

Patient's Name: _____

Responsible Party (if patient is under 18 years old):

Signature: _____ Date: _____