

**ROCK HOTEL DENTAL
88 EAST STATE STREET
FARMINGTON, UT 84025**

- **CASH, CHECK, VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS**
GET A 15% BOOKKEEPING COURTESY BY PAYING IN FULL AT THE TIME OF SERVICE.

- **DENTAL BENEFITS**

GET A 15% BOOKKEEPING COURTESY BY PAYING IN FULL AT THE TIME OF SERVICE.

This includes services that may be covered by your benefits policy. To help you in maximizing your benefits, we'll gladly assist in filling out and submitting your benefit claim forms. Once the claim has been processed by your benefits carrier, you will be reimbursed directly by them. (This may not be an option for those insured with PEHP, Blue Cross of Utah, DMBA, and Delta Dental. One of our team members will be happy to assist you if you have any questions regarding your benefits carrier.)

ASSIGNMENT OF BENEFITS. If you choose to assign your dental benefits to our office, we will estimate the amount not covered by your carrier and that amount will be due at the time of service (choosing this option negates the bookkeeping courtesy.) Please be aware that certain carriers will not allow you to assign your benefits to our office and you will have to choose an alternative option. One of our team members will be happy to discuss your particular plan with you.

****If you have dental insurance, we are anxious to help you maximize your benefits. As dental care providers, our relationship is with you and not your insurance company. All charges are your responsibility from the date the services are rendered. We will file your patient information sheet. MOST INSURANCES ONLY PAY A PERCENTAGE FOR THE TOTAL FEE. THE PORTION NOT COVERED BY YOUR INSURANCE IS PAYABLE BY YOU AT THE TIME OF TREATMENT.**

- **FAMILY HEALTH PLAN**

FOR THOSE PATIENT WHO PREFER TO PAY A LITTLE EACH MONTH, O.A.C. we've made special arrangements to allow you to complete your treatment with comfortable monthly payments. This option must be pre-approved before treatment begins. One of our team members will be happy to assist you and explain how the program works. Six months no interest may be available for you. Please ask.

- **PAYMENT BY 3**

THE TOTAL AMOUNT OF TREATMENT WILL BE DIVIDED EQUALLY IN 3 PAYMENTS AND CHARGED TO YOUR CREDIT CARD. Your portion of the total treatment will be divided into 3 equal payments, the first payment will be made the date of your initial appointment, the second payment the following month and the third no later than 90 days from initial appointment. Any interest that accrues will be added to final payment. Please fill out and sign authorization for this option.

- **GRADUAL TREATMENT PLAN**

FOR THOSE PATIENTS ON A LIMITED BUDGET. By prioritizing treatment, those patients who do not have dental benefits and are on a tight budget can still complete their dental work by spreading appointment over several months or years.

I understand Rock Hotel Dentals financial options and agree to the above arrangements.

FINANCE CHARGE: If I do not pay the entire CURRENT BALANCE within 25 days of the billing date a FINANCE CHARGE will be added to the account for the current monthly billing period. The FINANCE CHARGE will be a periodic rate of 1.5% per month (or a minimum charge of \$2.00) which in an ANNUAL PERCENTAGE RATE of 18% applied to the last month's balance. In the case of default of payment, I promise to pay any interest on the balance due, together with any collection costs and attorney's fees incurred to effect collection on this account.

SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____