New Heights Dental
7700 Broadway, Ste 102
San Antonio, Texas 78209

Office Policies

This is an agreement between New Heights Dental, as a dental provider, as creditor, and the patient/Debtor named on this form.

Dental Treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we have developed policies to help clarify payment arrangements.

Payment options: We gladly accept

- **Cash or Checks**
- **VISA, MasterCard, American Express, and Discover credit cards**
- **Interest free payment options (3, 6, 12 months)**
- **Extended payment options – 48 months**

Insurance: Insurance is a contract between you and your insurance company. We are NOT a part of this contract. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company will pay, it is the insurance company that makes the final determinations of your eligibility and benefits. You agree to pay any portion of the charges not covered by insurance. By executing this agreement, you are agreeing to pay all services that are received if your insurance carrier does not pay for services rendered within sixty (60) days.

_____*(Initial)* **Finance Charge:** A finance charge will be imposed on each item of your account which has not been paid within sixty (60) days of the time the item was added to the account. The finance charge will be computed at the rate of two percent (2%) per month or an annual percentage rate of eighteen (18%) percent. The finance charge on your account is computed by applying the periodic rate (2%) to the "overdue balance" of your account. The "overdue" balance of your account is calculated by taking the balance owed sixty (60) days ago, and then subtracting any payments or credits applied to the account during that time. The minimum Finance Charge is $.50.

Returned checks: There is a $45.00 charge for any checks returned by your bank.

_____*(Initial)* **Cancellations:** If a patient does not show up for an appointment, or cancels with less than 48 hours notice, a $50 fee per half hour of the appointed time will be charged. This is necessary to allow us adequate time to notify patients who are on a waiting list for the first available appointment. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments may be asked to transfer their records to another doctor.

Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection cost, which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees which we incur plus all court costs. In case of suit, you agree the venue shall be in San Antonio, Texas.

_____*(Initial)* **Deposit for treatment:** A prepaid deposit of $200.00 will be collected prior to scheduling any 2 hour appointment. Lack of adequate notice (48 hours) for cancellations and reschedule will result in loss of deposit. We appreciate your cooperation and respect of our efforts.

Patient's Name:_____ Responsible Party (if not the patient):_____

Signature:_____ Date:_____

Financial Manager:_____ Date:_____