

# ANCHORAGE DENTAL ARTS, LLC FINANCIAL AGREEMENT

It is our goal to provide quality care, in a comfortable environment, at a reasonable cost. To meet these goals it is critical that we maintain a strict financial policy. We are happy to offer financing options and only ask that these arrangements be made prior to the treatment date.

**Financial Policy:** I understand that I am financially responsible for all services provided by Anchorage Dental Arts, LLC. Finance charges no greater than 18% APR will be assessed for all balances 60 days past due. I agree to pay all costs related to the collection of past due accounts, including but not limited to attorney and collection fees. I understand that this may result in a substantial increase in the amount owed.

**Insurance Policy:** As a courtesy to our patients, Anchorage Dental Arts, LLC will send claims to insurance companies for services provided. I authorize my insurance company to pay Anchorage Dental Arts, LLC for services provided. I also authorize Anchorage Dental Arts, LLC to release all information necessary to secure the payment of benefits.

Unless prior arrangements have been made, I agree to pay any balance not covered by my insurance on the day services are provided.

I understand that insurance is a contract between the insurance company and the person insured. I understand that Anchorage Dental Arts, LLC is not a party to this contract and as such has no control over actual payments made, nor can Anchorage Dental Arts, LLC represent me in claim disputes with my insurance carrier. Claims not paid within 60 days of submission to the insurance company will become due and payable on the 60<sup>th</sup> day unless prior arrangements have been made.

**Broken Appointment Policy:** Please be considerate and provide at least 24 hours notice for appointment changes. Anchorage Dental Arts, LLC reserves the right to charge up to but not to exceed 50% of the cost of services scheduled if an appointment is canceled, or broken, without adequate notice.

Please acknowledge your understanding and agreement by signing below:

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Responsible Person

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Date