

Toni Calvo Waldbaum DDS
GENTLE FAMILY DENTISTRY

Sidney Calvo DDS | Toni Calvo Waldbaum DDS
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FINANCIAL AGREEMENT

It is our policy for patients to clearly understand their treatment needs, as well as their financial responsibility before treatment begins. We desire to make dental treatment affordable to all of our patients. Therefore, we offer the following financial options:

1. **Patients with Insurance:** Estimated portion not covered by insurance is due at time of service.
2. **VISA-Mastercard-American Express-Care Credit**
3. **Patients without Insurance:** Payment for dental services are due at the time of treatment.
4. **10% Cash Discount:** For cash payments in full at time of treatment. Seniors receive an additional 10%.
5. **Other:** For patients requiring extensive treatment, payment arrangements of up to 90 days may be made in advance with the financial coordinator.

For Our Patients with Dental Insurance

Because we understand that dental insurance plays a role in helping many people defray some of the costs of dental care, we would like to share with you the following facts about dental insurance.

Dental insurance is not meant to be a pay-all, and is meant to assist in paying for your dental care. Dental insurance plans do not necessarily correspond to individual patient need. As such, many routine and necessary dental services are not covered, even though you may need those services. Our responsibility is to provide the best treatment for our patient's needs, not to compromise care by trying to match the coverage of different insurance plans.

In spite of what your plan says, we've found that many plans actually pay less than what you might expect. The benefits your plan pays are largely determined by how much your employer/union pays in premiums for the plan. The less they pay for the plan, the less you'll receive. We are happy to submit your claims and help you receive the maximum benefits due to you, but please understand that we cannot accept responsibility for collecting an insurance claim, or for negotiating disputed claims.

Appointment Policy: To avoid broken appointment charges of \$55.00 per hour, please allow a 48 hour notice for schedule changes.

I have read and understand the above financial policy. Regardless of insurance coverage, I am responsible for payment of all dental fees for myself and/or my dependents. A finance charge of 1.5% per month may be applied on balances after 90 days. I authorize the dentist and associates to furnish information to insurance carriers concerning me or my dependents dental treatment. I hereby assign to the dentist, all payments for dental services rendered.

Signature _____

Date _____