



Zeik Dental

179 Maple Avenue
Red Bank, NJ 07701
T: 732-747-7470
F: 732-747-7111
24/7 Emergency: 646-593-8440

FINANCIAL AGREEMENT

Thank you for choosing Zeik Dental to provide your dental care. Our philosophy in serving people is to be informative, honest, and forthright and we consider it to be an honor to be chosen by you. This financial agreement is indicative of our respect for your right to know ahead of time about the expectations in the area of finances. If you have any questions or concerns about your financial agreement, please do not hesitate to ask our business office staff.

Dental Insurance:

As a courtesy, Zeik Dental will gladly file your insurance claims and accept assignment of dental insurance benefits provided you agree to the following:

- You must provide us with an insurance card and all the necessary information to verify insurance for you and your family members.
- Your insurance benefits are a contract between you, your employer, and the insurance company. Zeik Dental is not a party to that contract and our relationship is with you and not your insurance company.
- You are responsible for our fees, not what your insurance company allows and/or what your insurance company considers usual, customary, and reasonable charges. These charges vary from one insurance company to another.
- Although we may estimate your insurance benefits, we are not responsible for their accuracy. Knowledge of benefits, as well as benefit amounts, limitations, exclusions, waiting periods, etc. is entirely **your** responsibility. Receiving our services indicates your acceptance and responsibility to pay regardless of our estimate.
- All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all services we provide are covered benefits & benefits differ from one company to another. Fees for non-covered services, along with deductibles and copayments are due at the time of treatment.

Payment Policy:

- We accept cash, debit card, Visa, MasterCard, Discover, and American Express. There may be a 2% surcharge on all major credit card payments.
- After dental insurance has paid its portion, a remaining balance statement is sent to the mailing address on record provided by you. Payment is expected within 25 days of the statement date. If payment is not received within 25 days of your billing statement, a finance charge of 2% will be added.
- If your insurance company does not render payment within 30 days of treatment, it will be your responsibility to pay the balance within 14 days.
- We do not file claims for medical insurance or more than one dental insurance company per patient.

Patients Without Insurance Coverage:

- We will provide a written statement of fees. Payment is expected at each visit for services rendered.

Minor Patients:

- Patients who are minors have to be accompanied by a parent or a legal guardian. The parent/legal guardian is responsible for the full payment at the time service is rendered. In a case of divorced or separated parents, a parent accompanying the child is responsible for payment.

Finance Charges & Collection Fees:

- Finance charges will be applied to all balances not paid within the 25 days of the monthly billing date. A late charge of 2% of the owed balance will be assessed each month until paid in full. It is your responsibility to ensure your insurance company pays promptly in order to avoid finance charges. You agree to pay collection costs and reasonable attorney fees incurred in attempting to collect on this amount or any future outstanding account balances. We understand temporary financial problems may affect a timely payment of your balance. If a situation like this arises, we encourage you to communicate any such issues immediately so we may assist you in the management of your account.



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Overdue Balance:

- An account with an update balance past 90 days will be sent to the collection agency. At that time, you will be responsible for any and all costs incurred in the collection of your debt. An interest rate of 21% of the unpaid balance from the last date of service, attorney fees, court costs, and any other fees associated with the collection of your debt will apply.

Broken or Missed Appointments:

- Appointments not kept or changed with less than 24-hour notice are considered broken appointments. Broken appointments prevent others from receiving the dental care they deserve and we take them very seriously. Please be considerate and inform us in advance if you need to change your appointment. Broken appointments will be rescheduled during morning hours and are subject to additional fees.

Fees for Missed Appointments without 24-Hour Notice:

- In order to reschedule or cancel an appointment, you **must** notify us 24 hours prior to your appointment. A missed appointment fee of \$50.00 per every half-hour of appointment time will apply if you fail to provide us with sufficient notice. We have the right to terminate professional treatment of any patient when scheduled appointments are not kept.

Records and Reimbursement:

- Original records including radiographs are a property of Zeik Dental. We can provide you with a copy of your records or radiographs for a nominal processing fee of \$35.00 for up to 10 pages with \$2.00 charge per each additional page.

Consent and Authorization:

- I authorize dental treatment and agree to pay all related professional fees. Fees not covered by my dental insurance are considered professional fees and will be promptly paid by me upon notification from Zeik Dental. I have read and understood this document in its entirety, outlining office and financial policies of Zeik Dental Associates LLC.

Patient Signature: _____

Patient Name: _____

Date: _____

For office use only

Reviewed by Staff Member: _____

Date: _____