



Patient Financial Agreement

Venetian Dental requires all patients to make financial arrangements with us before we provide treatment.

1. I understand that full payment is due at the time of service for myself or any of my dependents.
2. I understand that it is solely my responsibility to confirm which treatments or procedures are covered by my insurance (including, but not limited to, any applicable exclusions, deductibles, annual or lifetime maximums).
3. I understand that as a courtesy, Venetian Dental will attempt to verify my insurance coverage from information that I provided and will file two claims per appointment. I am required to pay in full, before treatment is performed, the estimated portion of any procedures or treatment that will not be covered by my insurance.
4. I understand that insurance claims will only be filed if I provide Venetian Dental with my social security and insurance id number (if applicable). If I choose not to provide Venetian Dental with my social security number, I understand that I must pay in full for all services rendered. It is Venetian Dental's policy to require social security numbers for recordkeeping purposes even though that may not be the policy of my insurance carrier.
5. I understand that the insurance estimate may differ from what my insurance carrier ultimately pays and that I am responsible for any amounts not paid by my insurance for any reason.
6. I understand that if I discontinue treatment for a requested procedure, including but not limited to, partials, dentures, crowns, bridgework and surgical preparatory work, I remain responsible for paying all lab related costs for materials and services that were incurred before I discontinued treatment. All related costs will be deducted from any refund to which I may be entitled for discontinued treatment.
7. I understand that all account balances over 30 days will incur an interest charge at the maximum legal rate allowed.
8. I understand that I will be charged the maximum service charge allowed by law for any dishonored check, electronic authorization or any debit sent or provided to Venetian Dental for payment.
9. I understand that I must timely inform Venetian Dental, in writing, of any concerns, questions or disputes I may have concerning my treatment or charges.
10. I understand that if I fail to pay my account in a timely manner, Venetian Dental may report my account to credit rating bureaus or to a collection agency and/or take legal action against me for full payment, including but not limited to all related reasonable attorney's fees, collection and/or court costs.
11. I understand that unless patient records are sent directly to another provider, the charge for copies of x-rays is \$35.00 and treatment information is \$5.00 or the maximum amount allowed by law. These fees are subject to change without notice.

12. I understand that Venetian Dental currently may charge \$50.00 for any broken or cancelled appointment and/or \$100 for any broken or cancelled appointment with a specialist, if cancelled with less than 24 hour notice. This time has been specifically reserved for you. Please call at least 24 hours ahead of time if you must cancel an appointment. This fee is subject to change without notice.
13. I understand that it is my responsibility to immediately notify Venetian Dental of any changes to my address, phone number, work contact information, work status, insurance changes, etc.
14. I authorize payment of the dental benefits otherwise payable to me directly to the below named dental entity. I further authorize Venetian Dental to deposit checks received on my account when made payable in my name.

For the safety of our patients and staff we have 24 hour surveillance throughout the office.

I have thoroughly read, understand and agree to the above terms and conditions.

Signature of Patient or Guardian

Date

**Interest charges will accrue on balances that have not been paid on the 30th day after the billing date. Late payment fees and returned check fees, if any, are not included in the daily/monthly balance. The interest rate imposed by Venetian Dental shall be 18% per annum or the highest rate permitted under the applicable law of Florida depending upon where patient treatment was performed. Your payment to any outstanding balance may be allocated in a manner which Venetian Dental determines and as legally allowed, and may change from time to time. Venetian Dental reserves the right to apply payments to balances with lower interest rates.