

EUGENE F. ANDERSON, D.D.S.

13010 FULLER AVENUE
GRANDVIEW, MO 64030

TELEPHONE (816) 966-0202

METHODS OF PAYMENT

1. Cash, check (with proper I.D.) or credit card (MasterCard, Visa, Discover or American Express).
2. Dental insurance (described below)
3. Care Credit

DENTAL INSURANCE

1. We are pleased you have dental insurance and our office will assist you in obtaining the maximum benefits specified in your contract. However, your insurance contract is between you, your employer and the insurance company. **We will need you to bring us a copy of your benefits booklet if you would like help interpreting your benefits.**
2. As a courtesy to you, we will file your insurance and accept assignment of benefits if you have signed the insurance payment authorization form. **We ask that your estimated copayment and deductible be paid at the time of service.**
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will cover.

RELATED INFORMATION

1. Returned checks and balances older than 45 days may be subject to additional collection fees and interest charges of 1.83% per month, or 22% annually. These additional fees will be applied to the unpaid balance at the end of the month.
2. You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 40% of the debt, and all costs and expenses, including reasonable attorneys' fees, we incur in such collection efforts.
3. **Your appointment time is reserved exclusively for you.** Any change in your appointment may affect many patients. **48 hours notice is needed to avoid a charge for a broken appointment. The charge is \$40.00.** Certain exceptions may apply.

I have read and understand the above information. I understand I am responsible (regardless of my insurance) for any charges incurred from services rendered.

NAME (please print) _____

SIGNATURE _____ DATE _____