

**THE FOLLOWING FINANCIAL ARRANGEMENTS ARE AVAILABLE. PLEASE INDICATE YOUR CHOICE OF PAYMENT**

It is our belief that all patients are concerned not only about the treatment that is required, but also how they may handle their account. In order to eliminate misunderstandings, we feel definite financial arrangements should be agreed upon prior to treatment. Therefore, our purpose is to acquaint you with our financial policies and to give you an estimate for all necessary work required at this time and in the future.

**OPTION A: Payment In Full At Time Of Service**

**Cash / Check Savings Plan:** We offer a 5%\* cash savings with payment the day of services.

**Credit Cards:** For your convenience, we accept Mastercard, Visa, and Discover. Due to the bank handling charge, we offer a 3%\* savings with payment the day of services.

*\*Note: Savings only valid for fees not covered by insurance.*

**OPTION B: Coverage By Dental Insurance**

Estimated portion is due at time of service. If the insurance company fails to make payment within 60 days, you are responsible for the full amount owed Dr. Otto & Dr. Kotecki. It is important for you to be informed that our professional services are rendered and charged to YOU. Therefore, you are directly responsible to us for the cost of your treatment. Dental insurance pays only a portion of your investment. Typical criteria and terms espoused by insurance carriers include:

“Reasonable And Customary Fees”      “Yearly Maximum”      “Pre-Authorization”

**Each of these criteria and terms varies by plan and insurance carrier. To ensure you receive maximum benefits:**

we recommend that you read your insurance booklet and become familiar with your specific plan requirements. Low reimbursement may be the result of coverage purchased for the insurance plan. Your employer, the purchaser of the insurance plan, selects the range of benefits. If you feel the dental benefits are inadequate, discuss this matter with your employer so the alternatives can be investigated.

**OPTION C: Payment Plans / Financing**

Patients wishing to finance treatment fees may be eligible for payment plans / financing through Care Credit. Interest free options of 3, 6, 12 and 18 months may be available. Please ask the receptionist or office manager for details. In order to comply with the Truth-In-Lending Law, if you wish to make monthly payments on your account, a written agreement must be signed by the responsible party.

**OPTION D: Dr. Otto & Dr. Kotecki Membership Club**

Club Participant

I would be interested in more information about In-house Membership Club.

*(Please ask our business team to explain this wonderful program)*

**PLEASE NOTE: CROWN, BRIDGE, AND DENTURE SERVICES**

All services will be charged out on the first appointment. Please keep in mind if you wish to take advantage of the 5% savings. Because of lab fees, we request one-third of the payment down on the first operative visit.

**PLEASE NOTE: LATE CHARGE POLICY**

A monthly finance charge of 1.5 % is imposed on all accounts over 60 days (18% annually). If 60 days have passed since your last payment, your account may be considered for small claims court.

Signature Of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_