

Financial Agreement

Thank you for choosing Fanelli and Row Dental Group for your dental care needs. This agreement outlines your financial responsibilities regarding treatment provided by our office.

Patient Financial Responsibility

- Payment for services rendered is due at the time treatment is provided unless prior arrangements have been made.
 - You are responsible for all fees incurred regardless of insurance coverage or claim outcome.
 - We accept cash, major credit cards, and approved third-party financing options.
 - Parents or guardians accompanying minors are responsible for payment for all treatment provided.
 - Lab fees are non-refundable once fabrication has begun
 - Accounts unpaid after reasonable notice may be referred to collections. Where permitted by law, the patient agrees to be responsible for associated collection costs, attorney fees, and court costs.
-

Insurance Disclaimer

- Insurance coverage is a contract between the patient and their insurance carrier. Our office is not a party to that agreement.
- As a courtesy, we may submit claims and provide estimated insurance benefits; however, these **estimates** are not guarantees of payment.
- Final payment determination is made solely by your insurance company.
- Estimated co-pays, deductibles, and patient portions are due at the time of service.
- The patient remains fully responsible for all charges not paid by insurance for any reason, including but not limited to:
 - denied claims
 - downgrades
 - waiting periods
 - frequency limitations
 - missing tooth clauses
 - eligibility changes
 - annual maximums

Treatment Plan Changes

- Dentistry is a dynamic healthcare field, and treatment needs may change based on clinical findings discovered during treatment.
 - Treatment plans and associated fees may be modified if unforeseen conditions arise. Any additional treatment and related fees will be discussed with the patient whenever reasonably possible before proceeding.
-

Third-Party Financing

- Financing arrangements through third-party companies are separate agreements between the patient and the financing provider.
 - Approval, denial, or termination of financing does not alter the patient's financial responsibility to Fanelli and Row Dental Group.
-

Communication Authorization

- By signing below, you authorize Fanelli and Row Dental Group to contact you regarding appointments, billing matters, insurance claims, and treatment-related information via phone call, voicemail, email, or text message.
-

Acknowledgement and Assignment of Benefits

By signing below, you acknowledge that you have read, understood, and agreed to the terms of this financial agreement.

You authorize Fanelli and Row Dental Group to release necessary information to your insurance carrier and assign insurance benefits directly to this office where applicable.

Patient / Guardian Name (Printed): _____

Patient / Guardian Signature: _____

Date: _____