

**Dr. Paul Reese and Associates**  
**301 S. College Street**  
**Mountain Home, AR 72653**  
**870-424-5900**  
**870-424-5906 fax**

### **FINANCIAL MENU**

#### **Prepay Courtesy:**

A prepayment courtesy discount of **10%** (by cash or check) or **5%** (by credit card) will be subtracted from the total patient obligation if over \$1000.00 (not from any portion due from the insurance company) if the patient obligation is **paid in full** the day of your first appointment. Note: Due to our contractual write offs, this prepay courtesy option is not available to those patients who have insurance plans for whom we are a Provider. (Example: Delta Dental, Blue Cross Blue Shield)

#### **CareCredit:**

With approved credit (requiring a credit check), CareCredit will extend to you a 12 month loan with no finance charges. There is no prepayment penalty. At your option, you may choose to pay over a longer period with interest charges. Requirements include: Drivers license, established credit, and a monthly income of at least \$1,000.00.

#### **Pay as You Go:**

You may choose to pay your obligation for each visit when scheduling that appointment.

### **FORMS of PAYMENT and BALANCES DUE**

In order to facilitate access to the very best dental care possible, you may choose from any of the following (including any combination thereof): **Cash, Visa, MasterCard, Discover, Money Order, Personal Checks, Traveler's Checks or CareCredit.** Balances over 90 days must be converted to CareCredit to avoid collection proceedings in small claims court.

### **INSURANCE**

It is our pleasure to assist you in maximizing your insurance benefit by completing your claim forms for you. If your carrier is up to date (in over 70% of the cases), the claims will be transmitted via computer modem before the end of the treatment day! As a courtesy, in addition to filing the claim, we will initially ask you only for your **estimated** copay, which is based upon the information available to us.

**The range of benefits depends solely on what your employer wishes to purchase.** Some plans cover as little as 30% or as much as 100% of dental services, with most falling in the 40% to 60% range.

Some plans base the amount of benefit on a schedule of fees arbitrarily developed by insurance companies. For the reason, you may receive a lower percentage than the reimbursement level indicated in your dental plan. For example, if your plan states that it will pay 80% of the cost of a specific treatment, it means 80% of the fee arbitrarily determined by the insurance company and not the actual fee charged by our office.

**THE FINANCIAL OBLIGATION FOR YOUR DENTAL TREATMENT IS YOURS.** The insurance company is responsible to you, and not to our office. We will assist you in any way we can, but please know that we do not work for any insurance company and therefore cannot guarantee their payment. Once your carrier has paid the claim, any difference will be due upon receipt of our statement. If for any reasons, we have not received your insurance carrier's payment within 60 days after submitting the claim, the remaining balance will be due and payable by you, and subject to 18% APR.

**I have read, understand, and accept the above policy.**

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**DATE**

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**SIGNATURE**

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**WITNESS**