

## Thorup Dental Insurance and Financial Policy Agreement

Please understand we are desirous to extend care to you and to work with you and any insurance coverage you may have.

1. Professional services are rendered to you, the patient, and not to the insurance company. Thus, the Insurance Company is responsible to the patient, and the patient is responsible to the doctor. We cannot render service on the assumption that the charges will be paid for by an Insurance company.
2. Unfortunately, insurance benefits will almost always be less than anticipated. I understand that the amount of benefits to be derived under my particular policy is a pre-determined arrangement between my employer and the Insurance Company.
3. For my convenience, Thorup Dental will ESTIMATE the portion of your total fee that your Insurance Company will cover. This is JUST AN ESTIMATE. After insurance benefits, I am responsible for ANY UNPAID BALANCE. Thorup Dental will ask you to pre-pay, or bring with you at the time of treatment, the ESTIMATED uncovered portion of the total fee.
4. I understand if I cancel an appointment within 24 hours of appointed time, or miss a scheduled appointment, I may be subject to a \$125 per hour charge at Thorup Dental's discretion based on my allotted appointed time.
5. A finance charge of 1-1/2% per month will be added to my bill if payment has not been received at Thorup Dental within 60 days of my treatment date.
6. Should collection become necessary (collection meaning any balance debt owed to Thorup Dental not paid within 120 days from treatment), I agree to pay an additional 40% collection fee, and all legal fees of collection, with or without suit, including attorney fees and court costs. I also understand and agree Thorup Dental may send a collector agent to my residence or work to deliver any necessary collection documents.
7. I authorize my Insurance Company to make payment directly to Thorup Dental for services rendered and agree to pay any uncovered balance. I hereby authorize release of information for insurance purposes.
8. MEDIATION AGREEMENT: Should any claim or controversy arise between me and/or a legally authorized representative appointed by me, and the dentist, or Thorup Dental, concerning the care and treatment rendered by the dentist to me, an effort shall be made by the parties involved to resolve the dispute through mediation appointed by Professional Insurance Exchange, should the dispute pertain to the quality of the dental services rendered. Costs for the mediation services shall be shared equally by the parties involved. The foregoing mediation agreement does not pertain to actions taken for the collection of debts owed as a result of dental services rendered.
9. Our policy requires a fee to be paid at time of treatment. Payment options: Check- Visa- MasterCard- Care Credit- American Express- Flex Accounts- Cash

Thank you for your understanding in this matter.

Signing below confirms acceptance of the above terms and financial policy:

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Signature

Date