



Matthews
Dental

801-766-4944

1305 North Commerce Drive Suite 220
Saratoga Springs, UT 84045

AGREEMENT FOR DENTAL SERVICES

At Matthews Dental, our first priority is to you as our patient. We are glad you have chosen Matthews Dental for your dental needs. We look forward to providing you with quality service and the best experience possible. To make this happen, we rely on your representation that you will pay our office for the services we provide. In hiring our office to provide you with dental services, you agree to the following terms:

1. **COURTESY INSURANCE CLAIM.** Dental insurance is a contract between a patient/guardian and the insurance company and in no way absolves the patient/guardian of full responsibility for the charges incurred. Estimates of insurance payment made by this office are considered a guideline only. We can make no guarantee of the insurance payment(s) estimated. We are pleased to process insurance forms, help maximize your insurance benefits and are glad to help answer any questions you may have about your treatment estimates.

2. **YOU ARE RESPONSIBLE TO PAY YOUR ENTIRE BILL.** Insurance benefits are determined by your insurance provider; not your dentist. Your insurance policy is a contract between you and your insurance company. Any deductible or estimated co-payment amount will be due at the time of treatment. Proof of insurance is not a guarantee of payment; insurance typically will not pay for all of your costs.

3. **PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.** For your convenience we accept Cash, Visa, Mastercard, American Express, Discover and personal checks. (Prior to commencing treatment, payment plans and financing arrangements can be made for most dental treatments, by way of a separate Payment Plan contract. For your convenience outside financing is also available, through Care Credit.) A late fee of \$10/month will be assessed to all past due accounts.

4. **RETURNED CHECK FEE.** Matthews Dental Charges a return check fee of \$25.00 for any check that is dishonored for any reason.

5. **COLLECTION.** By signing below I agree to pay all amounts owed within 45 days of when such amounts are incurred. I understand that it is my responsibility to provide correct/ updated insurance information and that this office will bill my insurance as a courtesy to me. However, regardless of insurance coverage, I agree that it is and shall remain my responsibility to pay all amounts owing as set forth herein. I agree that interest will accrue on all past due amounts at the rate of 18% per annum (1.5% per month) until paid in full. In the event any amounts is/are referred to a third party debt collections agency, I will also be responsible for a collection fee of up to 40% of the principal amounts owing as allowed Utah Code Annotated, Title 12 Chapter 1 Section 11. The terms of this paragraph shall apply to all amounts incurred by me or by any individual for whom I have legal responsibility whether such amounts are incurred today or after today.

6. **48-HOUR CANCELLATION POLICY.** Appointments are reserved exclusively for you. As a health benefit to you, we may offer to move your appointment to an earlier time if openings arise. Matthews Dental reserves the right to charge \$50 per hour scheduled fee for any appointment that is missed/cancelled without 48-hours advance notice.

7. For the safety of yourself and our other patients no one is allowed in the operatory room throughout the course of treatment, this is for both children and adults. We have a waiting room available for family members not being treated

Patients Name _____

Responsible party's name (print)

Signature

Date

Preventive Dentistry • Reconstructive Dentistry • Cosmetic Dentistry • Crown and Bridges

www.matthewsdental.com