

**Financial Agreement**  
**Julia W. Neuls, D.D.S.,P.A.**

Our office accepts Visa, MasterCard, American Express, Discover, Cash, Check, and offers in office financing as well as Care Credit.

**Payment is due the date services are rendered!**

Our office participates with Aetna PPO, Assurant PPO, Cigna PPO Radius Network, Delta Dental Premier, and Guardian Life Insurance PPO. We accept all other PPO insurance benefit plans, but **will not** be "in-network" for those plans.

The most common misconception about benefit plans is that it will cover the total cost of your dental care. **Benefit plans are designed to reduce your out of pocket expense, not eliminate it.** Please remember that a benefit plan is a contract between you and your company. We do our best to estimate the amount insurance will pay for certain procedures and ask you to be responsible for your portion of that estimation. In most cases a balance will be left over after your co-payment is made and the insurance company has made their final payment. You are responsible for that balance in FULL! Many insurance companies do not pay the full percentage stated in your police information for tooth colored fillings. Please be aware of this! Claims take 30-45 days to process and our office will send responsible parties a monthly statement in order to keep you informed of account activity. If benefit payment has not been received within 60 days you are liable for the account balance in full. Any over payments or refunds will take up to 30 days to process once all activity on your account is completed. If payment has not been made 30 days after a statement is received a 2% finance charge will be assessed to your account. If payment in full has not been received within 90 days, accounts will be dismissed from our office and submitted to a collection agency. **You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonably attorney's fees, we incur in such collection efforts.**

We set aside a reasonable amount of time for your appointment with the Doctor so that you are properly examined and all of your concerns are handled. We ask that our patients be courteous and call our office 48 hours in advance if appointments cannot be kept. If an appointment is canceled without proper notice, a fee WILL be assessed to your account. There is a non-refundable scheduling deposit that we collect for major restorative and cosmetic appointments. If that appointment is missed we will apply that fee towards your account as it will reflect a missed appointment fee.

I have read and agree to the above policies. I understand that it is my responsibility to pay for in incurred professional fees in full. This signature will also serve as authorization for the release of information necessary to process my claims. I hereby authorize payments to be made directly to Dr. Julia Neuls.

Patient/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please read important info before signing)