

**Wyoming Smile Center
Dr. David Scott Lipps, DDS & Associates
423 Worthington Ave.
Cincinnati, OH 45215
(513)761-1900**

Financial Agreement

It is our goal for our patients to understand their treatment needs as well as their financial responsibility before treatment begins. It is our desire to make dental treatment affordable to all our patients. Please review the following policies and procedures:

Payment Policy: Payment is due at the time services are rendered. If you have dental insurance, your estimated co-pay plus deductible is due at the time of service. If no insurance is involved, payment is expected at each visit.

- 1) We accept cash, personal checks (established patients only), all major credit cards and Care Credit.
- 2) You will be responsible for any and all costs incurred in the collection of your debt.
- 3) Fees will apply for all returned checks.

Dental Insurance: As a courtesy and convenience to our patients, we will file your insurance claims provided you agree to the following:

- 1) You must provide us with an insurance card and/or all information necessary to verify your coverage and file your claim.
- 2) Although we may estimate your insurance benefits, we are not responsible for their accuracy. Knowledge of your benefits, as well as benefit amounts, limitations, exclusions, waiting periods, etc. is entirely YOUR responsibility. Receiving our services indicates your acceptance of responsibility to pay, regardless of our estimate.
- 3) All charges not paid by your insurance company are your responsibility, regardless of the reason for nonpayment. Not all services we provide are covered benefits.
- 4) Treatment provided in another dental office during your current plan year may alter your co-payment due for services in our office. In such cases we are not able to track whether or not you have reached your yearly maximum benefits. Please call your insurance company if this applies to you.
- 5) Please understand that our goal is to provide you with treatment that best meets your dental health needs, not try to match your care to your insurance plan limitations.

Treatment Fee Estimates

We prepare TREATMENT PLAN ESTIMATES so that patients can understand their estimated cost of recommended restorative treatment prior to start. This Estimate is a good-faith attempt to predict the cost of your treatment based on the known facts when the estimate is made.

Dental treatment fees given are based on the treatment anticipated at the initial comprehensive examination. As your treatment progresses, your dentist may determine that additional treatment, or a change in treatment, may be necessary and that could change the estimated cost.

I have read and understand this document in its entirety; outlining the financial policies of Dr. David Lipps and Associates and agree to these terms.

Signature of patient or parent/guardian: _____ Date: _____