

# Financial Agreement

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Treatment Plan Total: \$ \_\_\_\_\_

I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my personal health information to carry out payment activities in conjunction with this claim.

\_\_\_\_\_  
Patient/Guardian Signature                      Date                      \$ \_\_\_\_\_ Agreement Total

## Terms of Payment

\_\_\_\_\_ Cash    \_\_\_\_\_ Check    \_\_\_\_\_ Credit Card    \_\_\_\_\_ Debit Card  
*Check #*

\_\_\_\_\_ Health Savings Account    \_\_\_\_\_ Third Party

Name as it appears on card:

\_\_\_\_\_

Card Type: \_\_\_\_\_ Last 4 Digits: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

## Payment Summary

Appointment Reservation: \$ \_\_\_\_\_

At Initial Treatment: \_\_\_\_\_

\_\_\_\_\_ I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

\_\_\_\_\_ Based upon the information provided by me, I understand that my benefit plan is anticipated to reimburse \$ \_\_\_\_\_ for this series of visits. If by \_\_\_\_\_ my benefit plan has not paid this amount, I authorize the above referenced account be used to satisfy any remaining unpaid balance. Or I agree to resolve the balance by the date below.

Remaining Balance Due By: \_\_\_\_\_ \$ \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_ \$ \_\_\_\_\_

## I agree to the above payment terms.

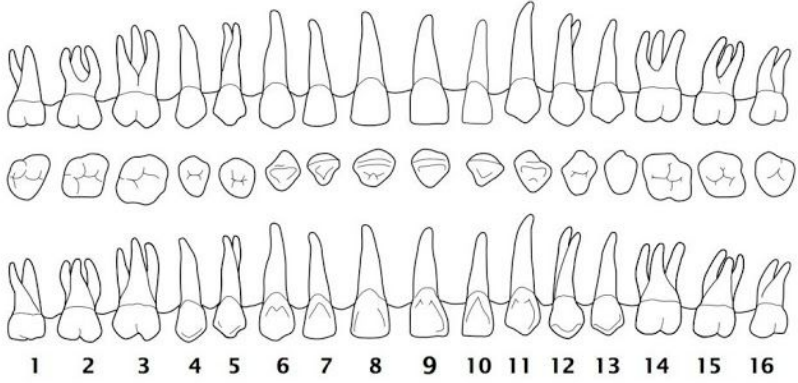
\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

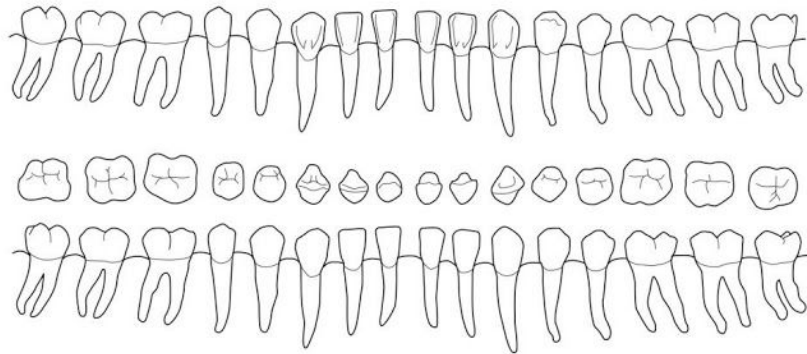
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Financial Coordinator Signature

\_\_\_\_\_  
Date

**Permanent**



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Description

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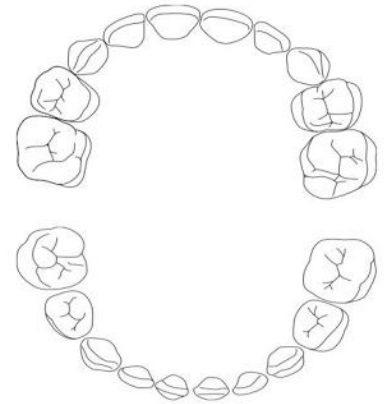
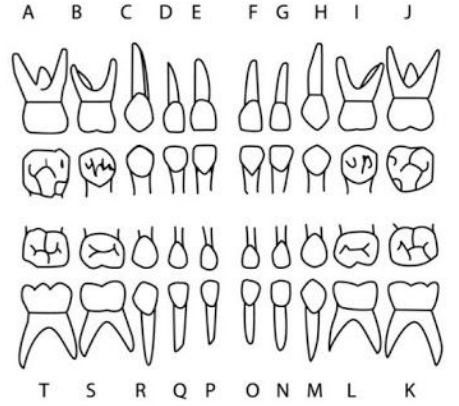
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Treatment Plan Total:

**Primary**



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Amount

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## **How Do We Have the Financial Conversation?**

In cases where there is significant treatment (let's say over \$1,000 or a comprehensive treatment plan), it is best to present treatment and payment options in a quiet/private area. This can be a consultation room or treatment room. While it may be tempting, the least effective place to make a financial agreement and schedule the patient is the front counter. The patient will be ready to go and feel self-conscious with other patients so close by.

Next, "who" should be making the financial agreements? This should be someone on your team who absolutely believes that patients will do whatever it takes to achieve their desired dental health. These team members must:

- Believe in you
- Believe in quality dentistry
- Be confident in the practice fees
- Believe that most patients want so much more for their dental health than what insurance will pay for
- Have awesome relationship skills and be passionate about reading the communication style of your patients and how to best influence them
- Be a bold encourager to assist the patient in getting what they want when they feel the time is right for them

*Who is making the financial agreements is actually more important than how. The qualities above are a must for a treatment and financial coordinator.*

### **When having the financial conversation:**

Refer back to the values conversation that the clinical team had with the patient regarding "What's Most Important To The Patient" in regards to their dental health. This will allow you to make assuring statements like, I know you've mentioned its very important to you to keep your teeth and I look forward to assisting you in finding a way to make that possible.

Focus more on the patient's WHY than what they need. This will keep you centered and able to handle conversations where the patient may appear to become disinterested in their treatment due to cost.