

FRONT OFFICE *Rocks*®

The Leader in Dental Front Office Solutions & Training Auto Notes Samples

PAYMENT AGREEMENT TO ADD TO TXP:

This agreement is good for each patient and is valid until you request an updated financial agreement. Payment arrangements are required at the time of scheduling your appointment. We offer the following payment options (please choose one):

_____ PAYMENT AT THE TIME OF SERVICE (We accept Cash, Check, MasterCard, Visa, Discover and American Express)
** entire out of pocket estimate for services rendered is due the day of treatment. _____ 5% PREPAYMENT DISCOUNT FOR PAYMENT IN FULL WITH CREDIT CARD (this is offered for payments Of The Full Out Of Pocket Amount for the Entire Treatment plan 3 days prior to the first appointment)

_____ 10% PREPAYMENT DISCOUNT FOR PAYMENT IN FULL WITH CASH/CHECK (this is offered for payments of The Full Out Of Pocket Amount for the Entire Treatment plan 3 days prior to the first appointment)

_____ INTEREST FREE FINANCING - (up to 12 months interest free financing depending on amount financed upon approval from either CareCredit or Lending Club). Financing Application and Approval needs to be done 3 days prior to the scheduled appointment. This is an estimate only of treatment diagnosed based on clinical and x-ray examination. You have been presented with the risks, benefits and alternatives of this treatment. All your questions have been answered.

PLEASE NOTE: The total fee charged is your obligation. When final payment has been received by your insurance company, we will reconcile the account and bill or refund you any difference. If your insurance carrier has not paid within 45 days following a claim, the entire balance is due and payable at that time. By signing below, I understand that this is only an ESTIMATE and that there may be a balance due after insurance pays what I am responsible for. I hereby certify that I have fully read the above and agree with all the terms and conditions.

INSURANCE BREAKDOWN - Frequencies & Limitations

Insurance Frequencies & Limitations

- Exams
- Prophys
- Bitewings and FMX:
- Perio Maintenance:
Does it take the place of prophy PT- 1 x 24 months
- Waiting periods
- Prior extractions covered?
- Arestin covered?
- Fluoride Covered- to age?
- Sealants Covered- to age?
- Implants Covered?

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Prosthetic Replacement?

Night Guards Covered?

Posterior Composites Downgraded?

INSURANCE RED FLAG This insurance/patient has a red flag:

CONSULT NOTE WITH PATIENT – SAVED IN BLUE

Treatment Coordinator initials:

Consultation Results:

TXP PRESENTED:

TXP ACCEPTED:

FINANCIAL NOTES – SAVED IN GREEN

Insurance payment breakdown:

DOS:

Billed to insurance:

\$ Allowed Amount:

\$ Paid amount:

\$ Deductible applied:

\$ Paid by other plan:

\$ Adjustment:

\$0 Pt Portion according to EOB

\$ Notes:

\$ - Balance is from:

BALANCE DUE TO:

DOS:

TOTAL:

INS PD:

PT PD:

PT OWES: \$ - Called for payment Left message re: money due for balance \$

\$ - Ins Claim Payment Called ins today regarding

\$ - Pre-Payment PRE-PAYMENT - taken by employee: Treatment being paid for: (can select teeth above right also)

Amount of discount for prepayment:

\$ - Sent Statement Sent statement for \$

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TREATMENT PLAN FOLLOW UP

Follow Up Made By:

Result of Follow Up:

Next Step Agreed Upon:

POST OP CALL

Completed by:

Result of phone call:

RE CARE CALL

Left Message Recare Call –

Employee that called:

Specifics about message if any:

Recare Call - Scheduled Appointment

Employee that Called:

Scheduled Appt on:

Recare Call - Spoke to patient Recare Call –

Employee that called:

Result of phone call:

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