

Macatawa Smiles
720 Michigan Ave
Holland, MI 49423
Phone: (616)396-7524; Fax: (616)396-5230

Patient Name: _____

We are committed to providing you with the best possible dental care and are pleased to discuss any and all of our professional fees at any time. Your clear understanding of our Financial Arrangement Form is very important to our professional dental relationship. If you have any questions or concerns, please ask one of our qualified team members.

For all appointments, including any new patients in need of urgent care, payment will be collected IN FULL at the time of service. Please take time to note the following details:

Your insurance benefits are determined by your employer, not your dentist. Insurance is not a guarantee of payment; they will not pay for all of your costs. Your insurance policy is a contract between you and your insurance company. Your insurance and personal payment portion is still your responsibility. As a courtesy we will file your insurance claim for you if you bring: 1) your dental insurance wallet card and 2) all required employer information. If our office is unable to verify your insurance information before treatment, you will be expected to pay for services in full on the day of your visit. If payment for previous services has not been paid in full within 45 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectible.

A phone call and/or letter will be extended to patients who do not show for their appointment. The first broken appointment – a warning will be given stating the procedure that will be followed in the future. At the second consecutive broken appointment, a \$50.00 fee will be assessed to your account. Appointments are reservations made for you, therefore, we request a 24-hour notice if you are unable to keep your scheduled appointment. We reserve the right to charge and collect fees for appointments that are canceled or broken without 24 hours advance notice. Appointments are reserved exclusively for you. If cancelled or broken, the time is taken away from other patients who are waiting to be placed in our schedule. We reserve the right to waive any missed or broken appointment fees should extenuating circumstances arise.

Thank You,
Brenton Habecker, D.D.S. and Staff

Financial Options for Dental Treatment:

- Cash*
- Check*
- Discover, MasterCard, Visa
- Care Credit – Arrangements have been made with a financing company to finance your dental work 6 months interest free (depending on the amount) with approved credit. This will allow you to complete your dental work without any delay and make relatively small monthly payments. Applications are available at the reception desk.

I understand that fees may vary at the time of service due to the extent of treatment. Fees are estimates only and are not a guarantee of payment by my insurance company. I understand that payment of this account is my responsibility, regardless of the amount my insurance company reimburses before or after payment is made. I understand Dr. Habecker's financial policies and agree to the above agreement.

FINANCE CHARGE: If I do not pay the entire New Balance within 45 days of the billing date a FINANCE CHARGE will be added to the account for the current monthly billing period. The FINANCE CHARGE will be a periodic rate of .583% per month (or a minimum charge of \$.50) which is an ANNUAL PERCENTAGE RATE OF 7.00% applied to the last month's balance. In the case of default of payment, I promise to pay any interest on the balance due, together with any collection costs and attorney's fees incurred to effect collection on this account.

Signature: _____ Date: _____