



### Patient financial agreement

This financial agreement contains the terms and conditions for the dental services to be provided to you by Dr. John Hansen.

**Fees** | All fees for dental care provided by Dr. John Hansen are due and payable at the time of services rendered. If you pay in full via cash or check for your entire treatment plan 3 days prior to your first treatment, you will be eligible for a 5% cash courtesy discount. Credit card payments made by MasterCard, Visa and American Express are also acceptable, although this type of payment does not qualify for a 5% cash courtesy discount. Or, if you prefer an extended payment plan, please ask one of our staff members for information about reasonable financing options that are available through independent lenders. Be certain to complete the loan application process well in advance of your first scheduled treatment to insure that you are eligible and can indeed secure the necessary funds to proceed with your dental care.

**Insurance** | If you have dental insurance, Dr. John Hansen's staff would be happy to assist you in maximizing your benefits by verifying coverage for any program that you may be eligible and submitting insurance claim forms directly to your insurance carrier. A staff member will also evaluate your coverage, estimate your copayment and initially only ask you to pay this portion toward your dental care fees. While Dr. John Hansen will accept the assignment of your insurance benefit payments, you are still responsible for the total treatment fee. And after your carrier pays the claim, you will be billed for any difference between the total amount due for your treatment and that which has already been paid by both you and your insurance company thus far. If, for any reason, Dr. John Hansen has not received your insurance carrier's payment within 60 days of submitting your claim, you will be responsible for the outstanding balance at that time. After this 60-day grace period, any unpaid balances are subject to a finance charge of 18% APR (1.5% interest per month).

**Collection** | Any sums not paid when due, as set forth in this agreement, shall accrue 18% interest per annum (computed each month on the outstanding balance). If a lawsuit is filed by Dr. John Hansen (for collection of past due funds or any other reason arising from this agreement), the prevailing party shall be entitled to be reimbursed by the other party for reasonable attorneys' fees.

**Miscellaneous** | This agreement and the written estimate of fees for your treatment plan are fully understood by both parties listed below and are governed by the laws of the State of California. It also supersedes all previous oral and written agreements that may have been made. If any provision contained in this agreement is now or becomes invalid, illegal or unenforceable (in whole or part) the remaining provisions and portions are not nullified and will remain valid, legal and enforceable.

**Missed and rescheduled appointments** | Unlike other dental offices, Dr. John Hansen does not double book appointments—your appointment time has been reserved just for you. In the event that you must change an appointment time, we kindly ask that you give Dr. John Hansen at least 2 business days notice. If, for any reason, an appointment is either missed or not rescheduled 2 business days prior to your appointment, a \$100. fee will be charged.

I acknowledge having received this agreement and have read and agree to its terms and conditions.

Patient's name \_\_\_\_\_

Dr. John P. Hansen

Patient's signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Patient's address \_\_\_\_\_

2350 Professional Drive, Suite 200 | Roseville, California 95661

\_\_\_\_\_