

**Rainier Dental Center
Obiora Nkownta, D.D.S
2300 Rainier Ave S
Seattle, WA 98144
206-329-1100**

Financial Agreement & Policy

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowance of benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Any portion not covered by insurance will be due at the time of service. For your convenience, we accept Cash, Checks, Visa, MasterCard, American Express and Care Credit.

There will be a \$25.00 Charge for all returned checks. All balances older than 30 days will be subject to interest/finance charges of 1.5% per month. A \$55.00 per hour charge will apply to all cancelled or broken appointments without 45 hours advance notice, so please make sure schedule your appointments at a time you can keep.

We will gladly discuss your proposed treatment and answer any questions relating to insurance and finances. You must realize, however, that:

- 1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to the contract.**
- 2. Not all services are a covered benefit on all insurance plans. Some insurance companies arbitrarily select certain services they will not cover.**
- 3. All insurance quotes are only an estimate of benefits. Final payment is subject to all insurance policies and to patient eligibility at time services are rendered**

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

Our office policy requires that all children need to be accompanied by an adult at all times in case of an emergency.

If you have any questions about the above information or any uncertainty regarding insurance coverage, Please don't hesitate to ask us. We are here to help you.

I have read and agree to the above terms stated in the financial agreement and policy.

Name: _____

Signature: _____ Date: _____