Kidz & Teen Dental Financial Policy
Syed M Haider D.D.S PA
4100 fairway ct, Carrollton TX 75010

This is an agreement between Syed M. Haider, DDS, PA, a Texas Professional Corporation, as creditor and the Patient/Debtor named on this form.
In this agreement the words "you", "your", and "yours" mean the Patient/Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we", "us" and "our" refer to Syed Haider, DDS, PA.
By executing this agreement, you are agreeing to pay for all services that are received.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Payment options if you have NO INSURANCE:
1. You choose to pay by cash or credit card on the day that treatment is rendered.
2. On treatment involving laboratory fees you may choose to pay 50% on the preparation date and the balance in three weeks.
3. On extensive treatment, you may prefer to secure a bank, credit union or other third-party financing for the entire amount and make payments to the lending institution.
4. We offer special financing through CITI BANK. If you pay them within 6 months. There will be no interest charge.

Payment options if you have INSURANCE:
1. You choose to pay your deductible and any out-of-pocket portions at the time services are rendered by cash or credit card.
2. If you choose to pay all of your treatment by cash or credit card, we will file a claim with your insurance company and request your insurance carrier to send their payment directly to you.
3. On treatment involving laboratory fees you may choose to pay 50% on the preparation date and the balance in three weeks.
4. For Co-pay under $200, payment is expected at the time of service.
5. We offer financing through CITI BANK. We offer interest free financing for 3 months for co-pay under $500.00 or more.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued and is past due, if not paid by the end of the month.

Charges to the Account: We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid at the time of service.

Contracted Insurance: If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay or deductible, you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company.

Non-Contracted Insurance: Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your primary insurance as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by them. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from them.

Finance Charges: A finance charges will be imposed on each item of your account which has not been paid within thirty (30) days of the time. The ***FINANCE CHARGE*** will be computed at the rate of one percent(2%) per month or an annual percentage rate of twelve (22%) percent. The finance charge on your account is computed by applying the periodic rate (1%) to overdue balance of your account. The overdue balance of your account is calculated by taking the balance owed thirty(30) days ago and then subtracting any payments or credits applied to the account during that time. The minimum Finance Charge is $5.

Credit History: In case of non-payment for over 90 days, you give us permission to check your credit and employment history and to answer questions about your credit experience with us. We have the option to report your account status to any credit reporting agency such as a credit bureau.

Required Payments: Any co-payments required by an insurance company must be paid at the time of services.

Missed Appointment fees: We reserve the right to charge $50.00 for not showing up on your appointment or if the appointment is canceled less than 24 hour notice. This fee must be paid before a new appointment is scheduled. Patients with three missed appointments will be asked to transfer their records to another Dentist.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer's fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Denton County, Denton Texas.

Waiver of Confidentiality: You understand if this account is submitted to an attorney or collection agency or if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After the divorce pr separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Transferring of Records: X-rays are the property of Kidz & Teen Dental. In case you want to go for a second opinion, **we will require one week notice before copies of x-rays and dental records are transferred to other dentist**. You will need to request in writing and pay a copying fee if you want to have copies of your records sent to another dentist or organization. You authorize us to include all relevant information, including your payment history. If you are requesting your records to be transferred from another dentist or organization to us, you authorize us to receive all relevant information, including your payment history.

Personal Injury: If you are being treated as part of a personal injury, lawsuit or claim. We require verification from your attorney prior to your initial visit. In addition to this verification, we require that you allow us to bill your health insurance. In the absence of insurance other than financial arrangements may be discussed. Payment of the bill remains the parents responsibility. We cannot bill your attorney for charges incurred due to a personal injury case.

Co-signature: If this or another Financial Policy is signed by another person, that co-signature remains in effect until canceled in writing. If written cancellation is received, it becomes effective with any subsequent charges.

Effective Date: Once you have this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Parent's Name: _____ Parent's Signature:_____

Guardian Signature: _____ Date:_____