

Federal Truth In Lending Statement For Professional Service

Enclosed is an estimate, of our fees, for the treatment plan recommended by Dr. Williams. This estimate includes fees, charged to you, for restorative procedures provided in this office only. If the Doctor has referred you to a specialist for additional care, the related costs are not reflected in this agreement and will be charged by the specialist office. On occasion, the actual fee charged may vary somewhat higher or lower due to circumstances or conditions that may not become evident until the time of the procedure.

Insurance coverage: We will be happy to submit your claim and or Pre-Determination to your insurance company as a courtesy to you. However, Insurance plans **RARELY** cover the **ENTIRE** cost of dental care. We are not a participating provider on most dental insurance plans, therefore **YOU** are responsible for the difference/balance between our fee and the insurance company's allowable fee.

Pre-Determination: The Insurance company will notify you and/or us, in writing, several weeks after we submit your treatment plan for review. We will finalize a Financial Agreement for your treatment plan, with consideration to any Pre-Determination allowances, at the time you schedule your treatment.

You should be aware that a Pre-Determination of benefits does not guarantee coverage. Treatment phases that involve "outside costs", such as lab fees or treatment products specific to your needs, require payment of these costs, at the time of service, on the first treatment day.

Financing: Financing of dental care is available through Williams-Dental **at no interest** for the first six (6) months of your treatment. A deposit, based on the total cost of your treatment, is required to cover use of materials and lab fees associated with your case. After the first six months, an interest rate of **1.5%** will be charged on a monthly basis on all outstanding balances. Financing is also available through a health care credit company, **Care Credit®**. This is an **interest free** loan with terms up to 18 months. We will be happy to help you with this application process.

I have read and understand the above disclosure statement:

Signature of Responsible Patient/Party

Date