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Financial Agreement

It is our goal for patients to clearly understand their treatment needs, as well as their financial responsibility before treatment begins. We desire to make dental treatment affordable to all of our patients. Therefore, we offer the following financial arrangements:

1. **VISA-MASTERCARD-DISCOVER**
2. **PATIENTS WITH INSURANCE:** Estimated portion not covered by insurance due at the time of service.
3. **PATIENTS WITHOUT INSURANCE:** Payment for dental services is due at the time of treatment.
4. **FINANCING:** For patients requiring extensive treatment, payment arrangements may be made through financing, a financing company for dental expenses.

For our Patients with Dental Insurance

Because we understand that dental insurance plays a role in helping many people defray the costs of dental care, we would like to share with you the following information about dental insurance.

Please understand that our responsibility is to provide you with the treatment that best meets your needs, not to try and match your care with insurance plans limitations. Dental insurance plans do not correspond to individual patient needs, and as such, many routine dental services are not covered, even though you may need those services.

In spite of what your plan says, we have found that many plans actually pay less than what you might expect. The benefits your plan pays are largely determined by how much your employer/union pays in premiums for the plan. The less they paid for the plan, the less you will receive. We are happy to submit your claims and help you receive the maximum benefits due to you, but please understand that we cannot accept responsibility for collection an insurance claim, or for negotiating disputed claims.

For treatment that requires dental laboratory services, a minimal down payment will be required at the initial appointment. A finance charge of 1% per month is applied on all account balances after 90 days. A minimum \$5.00 statement fee will be charged on all balances over 90 days.

I have read and understand the above financial policy. Regardless of insurance coverage, I am responsible for payment of all dental fees for myself and/or my dependants.

Signature _____ Date _____