



SMILES by DESIGN

RAMAN & THOMPSON

Your Smile Deserves Our Care

Sree J. Raman, DMD  
222 River Road  
Manchester, NH 03104

## **Financial Policy**

We appreciate the opportunity to serve you! We have found that a clear understanding of our financial policy in advance of dental care helps to relieve some of the anxiety associated with dental visits. Please read the following carefully and ask us any questions you might have. We will do our best to answer them for you.

- **Patients with or without a dental benefit plan need to know . . .**

The fee for the treatment rendered must be paid in full on the day of service.

- **We accept American Express, Discover, Mastercard, Visa, checks and cash for payment of the amount due.**

Multiple payment plan options are available, including interest free options. Please ask about payment plans, if your budget requires a payment plan option.

- **Two business days notice is required for rescheduling appointments.**

A \$75 to \$100 fee, depending on the amount of time that was reserved for you, will be applied to your account for rescheduling, canceling or failing to show up for your appointment without 2 business days' notice. Dr. Raman and her team reserves your appointment time exclusively for you. Please be considerate of other patients who are waiting for appointment times to see Dr. Raman and her team.

This is an agreement between Sree J. Raman DMD, as creditor, and the Patient/Debtor named on this form. By executing this agreement, you consent to treatment by Sree J. Raman, DMD and her team and agree to pay for all services that are received. Once you have signed this agreement, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

The Financial Policy continues on the following two pages.

**Patient's Name** \_\_\_\_\_

**Responsible Party** \_\_\_\_\_

(if patient is under 18 years old)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



SMILES by DESIGN

RAMAN & THOMPSON

*Your Smile Deserves Our Care*

Sree J. Raman, DMD  
222 River Road  
Manchester, NH 03104

## ***Financial Policy***

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 Sree J. Raman DMD.

**Treatment Plans** You understand that if Sree J. Raman DMD has treatment recommendations for you, you will receive a list of the recommended treatment. This will also contain an estimate of what the fees will be for the recommended treatment. If you have dental benefit, the treatment plan may include an additional estimate calculating what may be paid by your benefit company toward the fees for your treatment. You understand that treatment plan estimates are not a guarantee of benefit payment and you are ultimately responsible for all fees generated by your treatment. Treatment fees are estimates only, valid from 30 days from the date proposed, and are subject to revision. Treatment could be altered, if your dental needs change. The patient will be notified of any change[s] in treatment.

**Payments** Unless we approve other arrangements in writing, the balance on your statement is due and payable when treatment is rendered.

**Credit History** 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.

**Finance Charge** A finance charge will be imposed on each item of your account which has not been paid within sixty (60) days of the time the item was added to the account. The FINANCE CHARGE will be computed at the rate of (1.5%) per month or an ANNUAL PERCENTAGE RATE of eighteen (18%) percent. The finance charge on your account is computed by applying the periodic rate (1.5%) to the “overdue balance of your account. The “overdue balance” of your account is calculated by taking the balance owed sixty (60) days ago, and then subtracting any payments or credits applied to the account during that time.

**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 that are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer’s fees that we incur plus all court costs. In case of suit, you agree the venue shall be in Hillsborough County, New Hampshire.

**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,



SMILES by DESIGN

RAMAN & THOMPSON

*Your Smile Deserves Our Care*

Sree J. Raman, DMD  
222 River Road  
Manchester, NH 03104

## ***Financial Policy***

the fact that you received treatment at our office may become a matter of public record.

**Returned checks** There is a fee (currently \$50) for any checks returned by the bank.

**Charges to 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 in full at the time of service.

**Benefit Release** You authorize Sree J. Raman DMD to release any necessary information requested by your benefit carrier and authorize payment directly to you for any benefits available under your benefit plan.

**Benefit** Benefit is a contract between you and your benefit company. We will bill your benefit company as a courtesy to you. Please note that services are not rendered on the assumption that the benefit company will pay you. Benefit estimates are not binding by the benefit companies. They will NOT guarantee that your estimate will be paid. You are ultimately responsible for payment of all fees generated by your treatment. We will promptly refund to you any benefit payments we receive if you have already paid the balance on your account. It is your responsibility to inform us of any changes in your benefit coverage

**Transferring of Records** You may request by phone if you want to have copies of your records sent to another doctor 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 doctor or organization to us, you authorize us to receive all relevant information, including your payment history.

**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 a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the 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

**Informed Consent** I understand that I will have the opportunity to discuss my treatment with Dr. Raman and have it fully explained to me, prior to beginning treatment. It is my responsibility to complete treatment and follow recommended maintenance schedules. If the treatment and maintenance plans are not followed, and/or appointments are missed, adverse results could affect my dental health and benefit coverage. If I do not proceed with my treatment plan in a timely manner, further treatment for the involved teeth, supporting tissues, adjacent and opposing teeth, muscles or joints will be based on the prevailing fee at the time of treatment.