FINANCIAL POLICIES & PROCEDURES
COUCHMAN CENTER FOR COMPLETE DENTISTRY

We at Couchman Center For Complete Dentistry (CCCD) are proud to be part of a team whose primary mission is to deliver the finest and most comprehensive dental service available today. We are concerned about your dental care and want to ensure that it is performed in a responsible manner. In order to assist you with the investment in your dental health, we are providing the following options from which you can select a plan that best meets your needs.

__Payment Options:

Cash
Check
Credit Card: Master Card, VISA, Discover, and American Express.
Care Credit: Interest-free and extended plans available WAC. Application can be made in the office, on couchmandental.com, and by automatic phone application. This option allows you to have the dental care you need now and spread the payments out to fit in your lifestyle and budget.
ChaseHealth: Interest-free and extended plans available WAC. Application can be made in the office, on couchmandental.com, and by automatic phone application. This option allows you to have the dental care you need now and spread the payments out to fit in your lifestyle and budget.
EasyPay: Provide us with the account number of the credit card of your choice and we can conveniently take care of payments that need to be made without you needing to be present.

___ I understand that if I do not have insurance or have treatment done that is not covered by insurance, I agree to pay the balance in full at/or prior to time of service. (Anxiolysis appointments need to be paid for at least one week prior.)

__ I understand that if any insurance claim is denied, the payment will become my full responsibility and will be due immediately (this includes denial due to incorrect information that I have provided.)

__ I understand that if medical insurance benefits exist for services performed, I agree to pay the balance in full and have Couchman Center For Complete Dentistry submit a claim for reimbursement.

__ I understand that I am responsible for knowing the benefits of the specific insurance plan(s) I have purchased, and that Couchman Center For Complete Dentistry (CCCD) is not responsible for interpreting these benefits, or for how my insurance company(ies) process these claims. I further understand that though CCCD is always available to serve me as their patient, CCCD cannot serve as an intermediary between my insurance company(ies) and myself in claims processing or claims disputes, that I must personally resolve these matters with my insurance company.

Patient Signature_____ **Date**_____
Witness Signature _____ **Date**_____