

## Financial Acknowledgement and Responsible Party Agreement

Congratulations on your decision to breathe easier! In complete transparency, to ensure the continuation of a good relationship with our office, and a pleasant patient experience through your treatment, we ask you to read through and agree to the following terms to set financial expectations:

### Cost of treatment

Every person who sees us is unique and each treatment will differ. The same will be as such for their initial visit as some of you may already have some essential diagnostic necessities prior to your first visit. Therefore, the initial investment of your work-up may include, if not all, of the following charges:

CBCT Only (+ option for Radiologist Interpretation)	\$120.00 (+ \$95.00)
Sleep Study Only	\$250.00
Diagnosis and Records (CBCT included)	\$360.00
All Diagnosis and Records (including <u>all</u> services above)	\$495.00

Once you are diagnosed, Thrive Sleep and Breathing will recommend multiple options for the improvement of your health at varying cost. ANY INITIAL INVESTMENT WILL BE DEDUCTED FROM YOUR TOTAL TREATMENT EXPENSES. We will discuss each option with you, and cost in greater detail at your case presentation appointment.

### Insurance

As a courtesy, our office will assist in the submission of any claims to your medical insurance as an out of network provider and if possible, to your dental insurance when applicable. However, WE DO NOT GUARANTEE PAYMENT. The contract is between the primary policy holder and the insurance; therefore, all treatment cost will directly be the responsibility of the patient and any insurance benefits will be as a reimbursement to the patient.

### Forms of Payment

We accept cash, personal checks with proper ID, and money orders with no administration fees. Any bounced checks fees will be forwarded to the responsible party of at least \$35.00. We will gladly accept the following credit cards with an additional 3.99% administration fee: Visa, Mastercard, and Discover. If needed, we will assist in finding you a third-party loan as payment for your over-all case fee and terms will be applicable to the lending party. If patient fails to uphold payment agreement, we reserve the right to modify treatment and take legal action to obtain any debt owed to the practice.

**I have read and understand this document outlining the financial policies for Thrive Sleep and Breathing and agree to these terms.**

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Signature of Patient or Responsible Party

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Date

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Printed Name of Responsible Party