

Financial Policy for Our Patients

Our office wants all of our patients to comfortably afford dental care. We proudly offer the following financial policy so that our patients can have the opportunity to decide which payment options best suits their needs. Your insurance is a contract between you, your employer, and your insurance company.

INSURANCE: Our office will gladly work with you to help you get the maximum benefit available to you. Most insurance plans do not cover 100% of the treatment cost. Because of this, we ask that you pay your deductible as well as your **ESTIMATED** co-pay for the charges on the day services are rendered. We will estimate your coverage as closely as possible, but can make no guarantee of your insurance benefits.

Because the insurance policy is an agreement between you, your employer, and your insurance company, the ultimate responsibility for all charges lies with you. If after 60 days the insurance company has not paid the claim, you will be responsible for the total balance.

We understand that dental benefits are important to our patients. After your comprehensive exam, necessary diagnostic films, and all future treatment, we will promptly file and follow up on your dental claims to ensure that you receive correct benefits. Our patients appreciate that we help them maximize their benefits. So that our patient's care is not compromised due to financial concerns, we offer several financial options for your portion of diagnosed treatment. To become familiar with your dental benefits plan, we encourage you to contact your HR department or call your insurance company directly – they will often provide you with information they will not provide us.

Certain insurance plans still provide benefits for amalgam (silver) fillings. Very few dental offices are placing amalgam fillings. We provide the best restorations possible for our patients and use the white composite filling material. Insurance coverage may be reduced because your particular plan provides for a reduced rate of coverage based on what an amalgam filling would be.

PAYMENT OPTIONS

1. Cash or Check (There is a \$35 fee for all returned checks)
2. Mastercard, Visa, or Discover
3. Care Credit: A convenient line of credit can be arranged, on approval for your health care needs. Interest free plans are available through Care Credit.
4. Pre-Payment Courtesy: We are happy to offer a 5% pre-payment courtesy for treatment that exceeds \$1,000 and is paid in full prior to treatment using cash or check.

OUR APPOINTMENT POLICY

Because we reserve time specifically for you it is vital that we receive appropriate notice for cancellations. If you find it impossible to keep an appointment, please call our office 24 hours in advance. Appointments not cancelled within 24 hours, or no show appointments will be charged a \$50 fee.

PRIVACY POLICY

I acknowledge that I have been provided a copy of the privacy practices. I understand that my signature only represents my receipt of this notice.

FINANCIAL RESPONSIBILITY

I understand that payment is due at the time of service unless prior arrangements have been made. I understand that my insurance may cover a portion of the treatment, however I am ultimately responsible for any balance on my account for services rendered. I understand that my insurance is a contract between myself and the insurance carrier and not between the insurance carrier and the doctor. If requested, our office will submit a pre-determination of benefits to your Insurance carrier prior to any work being done. Any balance remaining 30 days after the date of last service will incur service charges of \$1.5% of the balance per month (18% annual rate).

In the event of default on my balance, I promise to pay any and all collections costs , attorney fees and related legal costs incurred in collections of the same.

I have read and fully understand the financial policies of this office.

Patient Name: _____

Signature: _____

Relationship to Patient: _____

Date: _____