

## OFFICE FINANCIAL POLICY

Thank you for having chosen us as your dental provider! We believe that you and all of our patients deserve, and should expect the highest quality dental care. While we are aware of the rising costs of healthcare, we cannot, in good conscience sacrifice or compromise the quality of your dental care by opting simply for what costs less. With this in mind, we would like to go over some information regarding our financial policies, for those with and without dental insurance benefits. In doing so, we hope to prevent any misunderstandings. Please feel free at any time to call us with questions or concerns about our services and/or financial policies.

**PATIENTS WITH INSURANCE:** Always keep in mind that your insurance benefits are a contract between you, your employer, and the insurance carrier. Regardless of insurance coverage \*\*estimates, you the patient are ultimately responsible for your entire bill. As a courtesy to our patients, we are happy to file your insurance claims for you however we must ask that you be prepared to make an initial payment towards your treatment costs. This amount will be the estimated out of pocket amount, plus any deductible to be met.

\*\* Most insurance plans state that they will pay 50, 80 or 100% of certain procedures, based on usual and customary fees. These fees, and the services covered are based on set limitations agreed upon by the insurance company and your employer. Please be aware that these usual and customary fees may be less than our actual charges. Any unpaid fees are added to your out of pocket costs, as we are not contracted with ANY insurance companies.

We can file for a predetermination of benefits to your carrier if you wish however, this can take 4-6 weeks to process and is not legally binding.

**PATIENTS WITHOUT INSURANCE:** Payment is expected at the time of service, unless other arrangements have been made. Please ask about financial agreements.

**CASH/ CHECKS/ VISA/ MASTERCARD/ AMERICAN EXPRESS** are all accepted for payment.

**PATIENT FINANCING:** We do participate in a third party finance program called CareCredit. Several options are available for no-interest plans, as well as interest-bearing revolving plans. Please ask us for details and application information.

**ACCOUNT BALANCES:** The balance on ALL accounts is due within 60 days regardless of anticipated monies from insurance or FLEX benefits plans. Patients with insurance are encouraged to be proactive. If claims have not been paid within 30 days, please call your insurance carrier to determine the reason for the delay in payment.

**ASSIGNMENT AND RELEASE:** For patients with insurance benefits, your signature below authorizes your carrier to send payments directly to the doctor. In addition, this releases the doctor to submit any information required in order to process your claim for benefit payment. You are still responsible for any unpaid balances remaining.

**NOTIFICATION:** Please give us the courtesy of at least 12 hours notice if you are unable to keep your scheduled appointment. We do our very best to see one patient at a time, on time. The appointment reserved for you is for you only, not 3 or 4 other patients as well. For those with lengthy appointments scheduled, we ask for 24 hours notice of cancellation. Emergencies are exceptions. Repeat offenders may be charged a fee of up to \$100.00 per hour of time reserved.

I have read and understand all of the above information, and agree to the financial policies contained herein. I have been given a copy of this signed agreement.

\_\_\_\_\_  
signature of patient/parent/legal guardian

\_\_\_\_\_  
date

\_\_\_\_\_  
witness