



## FINANCIAL POLICY

Dental treatment is an excellent investment in your physical and emotional well-being. We are committed to providing you with the best dental health care possible. We hope you understand that financial considerations should not prohibit you from receiving important dental health care treatment. We ask, however, that you read and understand our financial policy.

**Insurance:** Insurance is a contract between you and your insurance company. We are not party to this contract. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. **You agree to pay any portion of the charges for services rendered, but not covered, by your plan, or not paid (denied) by your insurance.** You must inform us if you lose or are about to lose your insurance coverage. Any services rendered after insurance eligibility terminates will be charged at our standard fees. Some insurance companies do not accept assignment; they pay you, the insured. In those situations, we require payment in full at the time of your appointment.

**Required payments:** We do not bill for our services. Payment is required at the time you receive your dental treatment. If you have dental insurance coverage, we will **estimate** your insurance co-payments required by your insurance company and it must be paid at the time of service.

**Statement:** Should you end up with a balance on your account due to an underestimation of your insurance co-payment, we will send you a statement. It will show the charges to your account, the finance charge, if any, and any payments or credits applied to your account.

**Payments:** Unless we approve other arrangements in writing, the balance on your statement is due and payable when the statement is issued, and is past due if payment is not received within 30 days.

**Payment options:**

1. You may pay cash, check (established patients only) credit card or through third party financing through CareCredit (with 6 and 12 month interest free options) before the day, or on the day treatment is rendered.

2. On treatment involving crown and bridgework, dentures, root canals, etc. that require longer than an hour appointment, you agree to put in a deposit of at least 50% of the dental fee or your co-insurance payment before an appointment date and time is reserved for you.

3. On extensive treatment that exceeds your plan's maximum insurance benefit payable, you may prefer to secure third party financing for your out-of-pocket portion and make payments directly to that institution. We can assist you in applying for financing through Care Credit. As a courtesy, we can offer you interest free financing for the first year, upon approval with Care Credit. Our Financial/Billing Coordinator will be happy to assist you in securing financing.

**Emergencies:** All Workers Compensation related claims and personal injury claims, regardless of insurance coverage, are to be paid in full by cash or credit card only.

**Returned Checks:** There is a fee for any checks returned by our bank. If payment is not received within 21 days of rebilling, the account will be turned over to collection and associated costs will be added to the balance due.

**Past Due Accounts:** If your account becomes past due, and we have to refer your account to a collection agency, you agree to pay all costs of collection, including lawyer and/or collection agency fees.

**Late Cancellation/Missed Appointment Fee:** If a patient cancels with less than 48 hours' notice or fails an appointment, we reserve the right to charge a fee of \$75 per hour scheduled. Patients with 3 missed appointments will be asked to transfer their records to another doctor.

**Co-signature:** If another person signs this Financial Policy, that co-signing remains in effect until cancelled in writing. If written cancellation is received, it becomes effective for any subsequent charges.

SIGNATURE: \_\_\_\_\_

PRINT PATIENT NAME : \_\_\_\_\_

DATE: \_\_\_\_\_

CO-SIGNATURE/SIGN AND PRINT : \_\_\_\_\_