

# Financial Policy

The nature of this practice is to give our patients the utmost in care and service. To achieve these goals, we need your cooperation and understanding of our financial policy.

- Professional services are rendered to the patient, not to the insurance company. Therefore, the insurance company is responsible to the patient, and the patient is responsible to the doctor. We cannot render service on the assumption that the charges will be paid by an insurance company.
- Unfortunately, insurance benefits will sometimes be less than anticipated. Please understand that the amount of benefits to be derived under your particular policy is a predetermined arrangement between your employer and the insurance company; we are unable to increase benefits beyond that which your insurance agreement allows. However, this should not have control over what is in your best interest as far as treatment is concerned.
- For your convenience, we will estimate the portion of the fee that your insurance company will cover. This is just an estimate. You are responsible for any balance. We will ask you to bring with you at the time of treatment the estimated uncovered portion of the total fee.
- It may not be possible to know exactly what your insurance coverage will be prior to treatment, as treatment sometimes changes. We can predetermine your benefits with your insurance company. However, this may delay treatment 4-6 weeks or longer, waiting for the insurance company to respond, which may not be in the best interest of your oral health.
- Our policy, and most dental plans, require a percentage fee (co-payment) to be paid at the time of your treatment. Full payment is required at the time of service if you are not covered by a dental plan.
- A finance charge of 1 ½ % will be added to your bill if payment has not been received within 90 days. This will allow adequate time for you to ensure that your insurance benefits have been paid.
- Should collections become necessary, the responsible party agrees to pay any collection fees and all legal fees of collection, with or without suit, including attorney fees and court costs.
- A patient who either misses an appointment or fails to give a 24-hour advance notice of cancellation on more than one occasion will be charged \$50.

## Payment Options:

- Cash
- Check
- Visa, Mastercard, Discover, American Express
- Care Credit

I authorize my insurance company to make payment directly to the doctor for services rendered and agree to pay any uncovered balance. I hereby authorize release of information for insurance purposes.

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Signature of Patient (or Guardian)

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Date