



## Our Financial Policies

Whether you have purchased dental insurance on your own or your employer has provided it for you, you are fortunate to have it and we will go the extra mile to help you maximize your benefits provided by your specific plan. We will also be glad to help you file your insurance forms which will save you considerable time and trouble. Your insurance company usually only pays a percentage of the fee, and this varies from plan to plan. Your dental insurance is not designed to pay the entire cost of your treatment, but it is intended to help cover a certain portion of the cost. For your convenience our office accepts cash, personal checks, American Express, MasterCard, Visa, and Discover for your estimated out of pocket expense. If you would like to take advantage of one of our financial arrangements please speak with our Treatment Coordinator and she can further discuss those options.

### Patients with Insurance

- Please understand that we will provide an insurance estimate to you, however it is not a guarantee that your insurance will pay exactly as estimated. We will do all we can to make sure your estimate is as accurate as possible. All estimated co-insurances and deductibles will be due at the time services are rendered.
- Even though we accept partial payment from your insurance company all charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company.
- We are committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- Insurance payments are ordinarily received within 30-60 days from the time of filing. If your insurance company has not made payment within 60 days, we will ask that you contact your insurance company to make sure payment is expected. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however, enter into a dispute with your insurance company over any claim.

### Cash Patients

Payment is due at the time services are rendered.

### Missed Appointments

Although we will make every attempt to remind you of your appointment, it is your responsibility to remember your scheduled appointments. The doctors have reserved this specific time to meet your dental needs. Cancellations require a 24 hour prior notice, or your account will be assessed a \$25 appointment fee.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

### CONSENT:

The undersigned hereby authorized Doctor to take X-rays, study models, photographs, or any other diagnostic aids deemed appropriate by Doctor to make a thorough diagnosis of the patient's dental needs. I also authorize Doctor to perform any and all forms of treatment, medication and therapy that may be indicated. I also understand the use of anesthetic agents embodies a certain risk. I understand that the responsibility for payment of Dental Services provided in this office for myself or my dependents is mine. I further understand that a finance charge or any fees associated with collection of an overdue account will be added to any overdue balance.

Patient/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_