

FINANCIAL POLICY

We are proud to be a part of the team whose primary mission is to deliver you the finest and most comprehensive dental care available today. In addition, we are dedicated to making your top-quality care as cost effective as possible. To promote a long-term satisfying relationship, we have laid out our office financial policies below.

PAYMENT OPTIONS

- For all patients, payment liability for service is due at, or prior to the time services are rendered.
- For patients with insurance, we will collect any deductible and/or estimated co-payment at the time of service.
- We accept cash, check, Visa, MasterCard, Discover and American Express; we also offer financing through Care Credit and Lending Club.
- Any patient liability owed from previous treatment will be subject to payment plan contingent upon allowing our clinic to hold a credit card on file.

INSURANCE: As a courtesy to you, we will file a claim for payment with your insurance company.

- We will gladly discuss your proposed treatment, answer any questions related to your insurance and provide you with an **ESTIMATE** of what your insurance company will pay towards your treatment.
- Our office makes no guarantee of the actual payment by your insurance company, which may differ from the original estimate.
- Not all services we provide are covered benefits by insurance. Fees for non-covered services are due at, or prior to time of service.
- Your insurance is a contract between you, your employer and your insurance company; you are **FULLY RESPONSIBLE** for any charges for the treatment rendered and any differences between the original estimate and final bill.
- We will bill your secondary insurance as a courtesy but you are responsible for the estimated out of pocket related to the primary insurance.
- We do not bill medical insurances for services rendered at our clinic.

MISSED APPOINTMENTS

- For general dentistry appointments, a fee of \$50 will be charged for all missed and short notice (less than 24-hour notice) cancelled appointments.
- For specialty appointments, a fee of \$150 will be charged for all missed and short notice cancellations.
- Our office reserves the right to limit future appointments if short notice cancellations occur more than twice. Appointments are made on a per need basis and this time is reserved exclusively for you and your dental needs.

RETURNED CHECKS: A \$25 charge will be applied when a check is returned from the bank

DENIED CREDIT CARD: A \$25 charge will be applied when a credit card is denied when patient is on a payment plan

Primary Insurance Information:

Insurance Company: _____ Subscriber Name: _____

Subscriber's DOB: _____ Relationship: _____ ID#: _____ Group#: _____

Secondary Insurance Information:

Insurance Company: _____ Subscriber Name: _____

Subscriber's DOB: _____ Relationship: _____ ID#: _____ Group#: _____

Your signature below acknowledges that you received this form and you fully understand all of our policies.

Signature _____ **Date** _____