

## FINANCIAL POLICY

We are committed to providing you with the best possible dental care. Our main concern is that you receive the proper and optimal treatment needed to restore your dental health. In order to achieve these goals, we need your assistance and your understanding of our payment policies.

Payment for services rendered is **due at the time of service**. We accept cash, checks, Mastercard, Visa, Discover, American Express, and Debit Cards. Also, payment plans are available through Care Credit.

Overdue accounts:

- In order to charge on an existing overdue account, either the overdue amount must be paid in full or the charges must be paid at time of service.
- Unpaid balances that are greater than 30 days will begin incurring interest charges at an annual percentage rate (APR) of 15%.

If you have **dental insurance**, we are anxious to help you receive your maximum allowable benefits. We will gladly try to answer questions regarding your insurance coverage and we will be happy to file your insurance claims. Please realize that:

- Your insurance policy is a contract between you, your employer, and your insurance company. **We are not a party to that contract.**
- Due to insurance companies taking so much longer to pay their portion, we find it necessary to collect the approximate patient's portion of the cost of dental care at the time of service. This will usually include the deductible, 30% of basic work, and 60% of major work.
- After the insurance company pays what they will pay, the patient will be billed for the balance, if any. Unpaid balances begin incurring interest charges after 30 days.
- If the insurance company does not pay, for whatever reason, within 90 days of the date of service, the patient will be responsible for the balance and interest charges will start to accrue.
- Not all services are a covered benefit in your contract. Some insurance companies arbitrarily select certain services they will not cover and these charges are the patient's responsibility. Fees for these services are due at time of service.

We must emphasize that as a dental care provider, the relationship is with you, not your insurance company. While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.

It is understood that temporary financial problems may affect timely payment of your account. If such problems arise, you are encouraged to contact us promptly for assistance in the management of your account.

If you have any questions regarding the above information, please do not hesitate to ask.

**This form must be signed prior to services rendered.** It will become a part of your permanent record with this office. Thank you. I have read the above and agree to this financial policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_