



Financial Policy and Agreement

In order to keep our billing costs and ultimately our prices under control, payment for all dental services is required on the day services are rendered. Those with dental insurance are expected to pay their estimated co-pay and deductibles the same day services are rendered. We also offer CARECREDIT, which is a financing option/extended payment plan that is available only for healthcare expenses. Monthly statements will be mailed to all patients with outstanding balances. Accounts that are 90 days past due will incur a finance charge of 15% per annum.

We accept Cash, Check, Visa, Discover, Mastercard and American Express credit cards.

A \$40.00 return check fee will be applied to your account, if applicable.

Insurance Information:

If you have dental insurance, as a courtesy to our patients, we will contact your insurance company or employer for a breakdown of your benefit plan. We will also submit any claims to your insurance company free of charge. You will need to present your insurance card to us on your first visit of every calendar year to ensure all information on file is correct. This will allow us to help you maximize your dental benefits.

We will attempt to collect payment from your insurance company up to three months after treatment was performed. Starting month four, we will ask for your help. You are the person paying the premiums and sometimes you or your employer have to demand action from the insurance company.

If after six months, your insurance company does not settle the bill, then it becomes the patient's responsibility. You will be expected to pay your balance and then get reimbursed directly from your insurance company.

All of our doctors will diagnose treatment based on your dental health NOT your insurance coverage.

Treatment Plans:

As a courtesy to our patients, we will provide patients with a detailed treatment plan at your appointment. These plans will include what treatment the Doctor has recommended, and the fee(s) associated with that treatment. If you have dental insurance, this will include our fee, what insurance is estimated to cover, and what your out-of-pocket expense is estimated to be. We calculate this estimate from the information your dental insurance provides to us from your benefit plan. The estimated portion not covered by your insurance will be due at the time of service. This amount is only an estimate and could end up being higher or lower than what was originally estimated. There may also be instances in which your insurance will not cover any portion of the recommended treatment. In this situation it will be the patient's responsibility to pay the treatment fees.

I have read and agree to the above policy.

Patient Name (Printed): _____ Date: _____

Signature: _____

Relationship to Patient: _____