



OUR FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have dual insurance, we are always available to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibility.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance. Minors **MUST** be accompanied by an adult for all treatment.

We accept CASH, CHECKS, VISA, AMERICAN EXPRESS, and MASTERCARD. Financing is also available upon request, prior to treatment.

In most instances, we accept assignment of insurance benefits, in which case your portion of each service is due at the time services are rendered. Those who have dual coverage should discuss their payment plans with the receptionist. If your insurance company pays more than the balance due, we will send a refund check to you immediately.

We will gladly discuss your proposed treatment and answer any questions regarding your insurance.

YOU MUST REALIZE, HOWEVER, THAT:

1. YOUR insurance is a contract between you, your employer, and the insurance company.
2. Our fees are generally considered to fall within the acceptable range by most companies and, therefore, are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (such as 50% or 80%) or where "UCR" is defined as Usual, Customary and Reasonable fees for this region; thus, most insurance companies consider our fees Usual, Customary, and Reasonable. However, this statement does not apply to companies that reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard cost-of-care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. Should your insurance take longer than 60 days to pay, we ask that you take care of the balance due and then be reimbursed, if and when we receive the insurance payment.

Returned checks are subject to an **additional \$35 fee**.

Missed Appointments. Because office time and materials are reserved for you, a fee may be assessed for a missed appointment not canceled **at least 48 hours in advance**. The first such fee will be \$40.00; subsequent fees will be charged at our current hygiene rate. Please help us serve our patients efficiently by keeping your scheduled appointments or giving us as much advance notice as possible of a conflict in your schedule.

We must emphasize that, as dental care providers, our relation is with you, not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, all charges are your responsibility from the day the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, **please** don't hesitate to ask us. **We are here to help you!**

RESPONSIBLE PARTY SIGNATURE

NAME OF PATIENT

NAME OF RESPONSIBLE PARTY (if different from patient)

DATE

PRINTED NAME OF RESPONSIBLE PARTY