

PATIENT FINANCIAL POLICY

We are committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. 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.

We require that payment is due at the time of service including any deductible and co-payment. We accept payments in the form of cash, personal checks, Visa, Discover, MasterCard or Care Credit. Returned checks will be assessed an additional fee. If we have to enlist a collection service or legal assistance; you will be responsible for the collection chares and legal charges, we may incur.

Payments from insurance companies typically come to our office within 30-60 days from the date of service. If we have not received a payment form your insurance company within 30 days, you are responsible for contacting your insurance company to ensure they are paying on your claim soon. If your balance is still not paid at the **60-day** mark or your claim is denied, you will be responsible for the full balance on your account. A billing charge of \$10.00 will be added to unpaid accounts after 60 days and every month until the balance is paid in full.

INSURANCE

If you have insurance, we will try our best to help you receive maximum benefits. If we cannot verify your insurance coverage at the time of your visit, you can pay for the services in full on the day of treatment or reschedule your appointment.

I authorize the practice to release to hospitals, health care service plans, staff and insurance companies, all information, records including x-rays and other diagnostic materials about my medical history, services rendered or recommended treatment.

I authorize this practice to submit claims for payment for services rendered and to submit them for pre- authorizations, if necessary, to my insurance company, on behalf and in my name listed as "signature on file" and assign this practice the insurance benefits providing assignment is accepted. I am responsible for payment regardless of coverage provided.

We give every patient an estimate of treatment based on the information we were provided from your insurance provider which is not a guarantee of benefits. Your insurance policy is a contract between you and your insurance company, not with our office. We are committed to providing the best treatment for all of our patients and we charge what is usual for our area. You are responsible for familiarizing yourself with any dental coverage you may have and must understand that we have no control over what insurance covers and does not cover. Treatment is not based on insurance; it is based on your dental examination and medical history to achieve the proper treatment plan for your dental needs.

As a courtesy to you, we will file insurance claims to your primary insurance company; **however, the ultimate responsibility for payment is yours**. If the payment from your insurance company is different from our estimate, we will either send you a statement for the remaining balance due or send you a refund for any credit on your account. If your insurance has not paid within 60 days, you will then be 100% responsible for **payment in full** of your entire balance.

We will cooperate fully with any regulations and requests that your insurance company may have to assist in a claim being paid. However, we will not enter a dispute with the insurance company over any claim.

Patient Signature

Date