

FINANCIAL POLICY

Welcome to our office! We are delighted that you have chosen our dental practice to guide you in maintaining excellent oral health. It is our mission to provide comprehensive, technologically superior dental care in a safe, comfortable and professional environment. In return, we ask for your commitment to your dental health. Please feel free to ask questions to clarify any procedure, treatment plan or payment expectation.

No Insurance Coverage

Payment is due at the time of service unless financial arrangements are made with the front office personnel. Individuals who are 18 years of age and older are responsible for payment at the time of service. Through Care Credit, we offer monthly payment plans with approved credit.

Insurance

We encourage you to become familiar with your policy's exclusions, deductibles and required co-payments. As a courtesy, we will process your insurance claims. Insurance is a contract between you and your insurance company. We are not party to this contract. Although we may estimate what your insurance may pay, it is the insurance company that makes the final determination of your benefits and eligibility. Patients who carry dental insurance understand that all dental services furnished are charged directly to the patient/responsible party and that he or she is personally responsible for payment of all dental services. We cannot file an insurance claim on your behalf if the correct insurance policy information is not provided to us. All patients will be expected to pay all estimated co-pays, deductibles and non-covered portions of dental procedures at the time of service. If your insurance company does not respond to the submission of the claim within 90 days, all charges are required to be paid by the patient or responsible party. We are exclusively an in-network provider for Delta Dental Premier Plans.

Updating of Records

To maintain the quality and standard of care we are recognized for, we require all records and/or applicable radiographs be updated at least every 5 years. We do our best to work within your insurance plan's parameters and frequency limitations, but we do not let insurance companies dictate the health of your mouth and will update full mouth radiographs and comprehensive examinations at least every 5 years and is the doctor's discretion whether to update more often. Payment for these services are the responsibility of the patient/responsible party regardless of insurance plan limitations and coverage.

Cancellation Notice and Missed Appointment Fee

If you must change an appointment, please give us 48 business hours of notice. A \$50 per scheduled hour no show/late cancellation fee may be charged. Patients with more than 3 missed appointments and/or late cancellations may be asked to transfer records to another doctor.

Returned or NSF Checks

There will be a \$20 service charge on all returned/NSF checks and additional charges may apply if the account is turned over to collections.

Past Due Accounts

The responsible party and/or patient hereby understands that if the account becomes delinquent, we will take necessary steps to collect this debt. If we have to turn over your account to a collection agency, you agree to pay all court costs and attorney fees to collection of all past due amounts owed, including cost of collection agency fees. Accounts 30 days or more past due are subject to a \$5 late fee.

Divorce

In case of divorce or separation, the party responsible for the account prior to the relationship dissolution remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Patient's Name _____ Date _____

Responsible Party's Signature _____