2018 Financial Agreement

Financial Policy

Welcome! Thank you for selecting us as your dental health care provider. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

Insurance Information

- Our office will assist you in obtaining the maximum coverage specified in your benefits contract. Your benefits are a contract between you, your employer, and an insurance carrier. We will assist you in determining your benefits the best we can. Because plans differ from carrier to carrier and policy to policy, our office may refer you to your carrier or your employer's benefits coordinator for assistance in understanding your plan.
- As a courtesy to you an insured patient, we submit claims to your insurance company free of charge. In order to do this we need you to provide us with a copy of your insurance card and/or your insurance policy information on your first visit of every calendar year.
- Please note that we need updated insurance information at each appointment as this can cause your dental claim to be rejected by your insurance carrier.
- In the event we have not been informed of any change in coverage requiring refiling of a claim, a $40.00 refiling fee will be assessed. It is your responsibility to provide our office with current and accurate insurance information.
- If your insurance has not paid in 90 days of when services were rendered, you will need to make full payment to this office and be reimbursed when your insurance company pays. After 90 days, you are responsible to pursue payment from your insurance company. All current documentation will be provided to you in order to assist you.
- Not all services maybe covered benefits in the policy contracted between your employer and insurance carrier. Some policies cover only limited dental services.
- Should a small balance remain after your insurance has paid it is due and payable
- Should a credit occur, you will be issued a refund when all of your current treatment plan has been completed.
- You are responsible for payment of all services you receive regardless of insurance benefit.
- **You as the insured, have a better ability to deal with your insurance company. Many of the specific details regarding covered services and estimated percentage of coverage will not be provided to anyone other than you, the policy holder.**
- **Our doctor will diagnose treatment based on your dental health needs not your insurance coverage.**

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Initials

Patient Portion:

Patients are expected to pay for our services at the time they are provided. Our patients who have dental benefits are expected to pay the amount of their *estimated* co-pay and deductible at the time of service.

- Payments may be made using cash, check, Visa & MasterCard
- We also offer CARECREDIT which is a financing option available for healthcare expenses.
- A fee of $40.00 will be assessed for all return checks

Appointments:

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require changes must be made by a staff member and at least 2 working days in advance.

- After a missed or cancelled appointment you may be placed on a short call list, which means we will phone you when an appointment time becomes available on short notice. This gives you the opportunity to know if your busy schedule has an opening for a dental appointment within the next few hours.
- Patients will be charge $85.00 for missed appointments without a 48 hour notice.

Aged Accounts:

A service charge of 1.5% (18%per annum) or a minimum fee of $25.00 on the unpaid balance will be charged monthly on all accounts exceeding 90 days.

In the event your account is not paid and we refer the account to a collections agency, you will be responsible for all fees incurred for collections of your bill including attorney fees, court costs and collection agency fees.

Please indicate your understanding and acceptance of these financial policies by signing below. For the mutual convenience of you and the practice, it is understood that this is executed copy of the Financial Policy also shall cover your dependent children who are patients of the practice.

I acknowledge that I have read and accepted the above conditions.

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Signature Date