

### OFFICE PAYMENT POLICY

We would like to thank you for choosing our office to meet your dental health needs. Our staff believes that **ALL** financial arrangements should be completed **BEFORE** treatment appointments are scheduled. For your convenience we have prepared the following alternatives to serve as a guide for making financial arrangements.

You will be expected to pay by cash, check, credit card or Care Credit the day the dental services are rendered. For Patients who are covered by dental insurance, most plans do not cover 100% of the cost of treatment. Because of this and the long delay in receiving payments from insurance companies, you will be asked to pay your deductible and your portion of the fees the day the dental services are rendered. We will **ESTIMATE** as closely as possible your coverage, but until we actually receive the payment from the insurance company, it is just an estimate. We will assist you in dealing with your insurance, **but the ultimate responsibility of payment of services rendered is with you.** Our office will file your insurance claims for you and our staff will assist in maximizing your benefits. After 60 days, if your insurance company has not responded, the balance will be due in full by you. **After 90 days, if we have not received payment you will be charged \$25.00 on your account for collection fee. Financial agreements may be arranged if needed to help facilitate your dental treatment and care:**

### OUR RESPONSIBILITIES

1. To complete your insurance claims forms and submit them to your carrier for you within 36 hours of treatment.
2. To accept direct payment from your carrier and keep track of balances.
3. If necessary, to re-file your insurance a second time within a 60 day period.

### YOUR RESPONSIBILITIES

1. To pay fees not covered by your plan at the time of treatment.
2. To provide our office with necessary information concerning your insurance to allow correct filing of claims.
3. To understand that your plan is a contract between you and your employer and the insurance carrier. Our office will do all we can to facilitate claims payment, but we do not have the power to make your plan pay.
4. To pay any account balance not paid by insurance after 2 billing attempts.

### SCHEDULING APPOINTMENTS

**To better serve all our patients we seek to follow a regular time schedule. We respect our patient's valuable time and try to make all efforts to limit your waiting to an absolute minimum. Please notify our office with 24 hours notice if you are unable to keep your scheduled appointment so that we can offer this time to another patient. We understand that emergencies occur and we will be glad to work with you. However three (3) or more broken appointments without 24 hours notice may result in a \$25.00 charge. Thank you for your understanding.**

I have read the information above. I understand the policies as stated above in becoming a patient of this practice.

Signature \_\_\_\_\_ Date \_\_\_\_\_