

# FINANCIAL POLICY

Thank you for choosing our team as your dental care provider! In order to serve you better, the following financial policies help in understanding the patient's financial responsibility.

1. \_\_\_\_\_ **\*\*\*\*\* Our office requires patient payment with or without insurance DUE IN FULL AT THE TIME OF SERVICE. \*\*\*\*\***

**We accept the following methods of payment: Cash, Checks (electronic conversion instant at our terminal, Mastercard/Visa, American Express and Discover. We have extended payment plans available through one of our third party financial partners with Carecredit.**

2. \_\_\_\_\_ As a courtesy to you, our office will file your insurance claim. This is a special service that we provide **free of charge** for our patients to help eliminate the confusing paperwork.

**\*\*\*\*As part of this service, you as the patient, must realize and accept that you are ultimately responsible for ALL FEES incurred in the office regardless of whether insurance covers the service or not. We will give the insurance 60 days and after 60 days, the patient becomes responsible for the balance. Insurance covers a portion of the procedures and you will have a "co-pay". If a necessary procedure is not covered by your plan, you will be responsible for that fee.**

Key things to know about insurance:

- \* Although we will do our best to verify benefits in advance, and make every effort to give you accurate information, the information we give you is dependent upon what your insurance company is **willing to disclose. All insurance companies have a disclaimer that estimates are never a guarantee of payment and that benefits can not be guaranteed until the claim is received.**
- \* Please remember that your dental coverage is a contract between **you and your employer's chosen insurance company. Our office is not party to that contract.** Please be aware that the insurance may label some treatments as "not-covered" or "not necessary". Keep in mind your insurance company's primary concern is not about the quality of your dental treatment but rather saving money by covering the least expensive and often the lowest quality option to treat your teeth. We are obligated and committed to providing our patients with the highest level of quality.
- \* If you are unsure of the insurance process, you can always pay in full for the service, we can file the claim and give you a refund within 30 days of when the insurance check is received by our office if you prefer.
- \* We do not accept any form of DMO, HMO, DHMO, Medicaid or Medicare in our practice.

**I have read and agree to honor this financial policy. I understand that I am responsible for any portion of my treatment that my insurance does not cover, and I hereby in good faith promise to pay. I understand that I will be billed and am responsible for all fees after 60 days of service if insurance was filed.**

\_\_\_\_\_  
Printed name and Signature of Responsible Party

\_\_\_\_\_  
Date