

Financial Policy

Welcome to our office: We are happy to have you as a patient and look forward to providing you with the quality dental care you deserve. Upon your visit with us we will require to see and copy your state issued identification and insurance card, if you have dental insurance. This is required to comply with the Federal Government's "Red Flag Rule". This policy also is designed to fight against identity theft and fraud. During your visit with us we will discuss treatment and financial options with you prior to starting treatment.

Insurance: We accept most insurance plans in the PPO family. Your dental plan policy is a contract between you, your employer, and insurance company. Dental insurance benefits are determined by your employer not your dentist. As a courtesy, we will be happy to file your claim for you if you present all required dental benefit information. We will work for you to make sure all claims are paid in a timely manner.

Payment: Deductibles and estimated copays will be collected at time of service. We accept cash, checks money orders, Visa, Master Card, Discover, American Express and Health Savings cards. (We charge \$25 for any returned checks). Your dental plan and payment are your responsibility. Dental insurance is not a guarantee of payment and may not cover all the costs of your treatment. Any estimate given is just an estimate and subject to change when reviewed by your insurance company. If your insurance plan does not pay your estimate portion or percentage in full then you will be responsible for the remaining amount. We can offer payment plans or Care Credit or Lending Club for those who would like to finance their treatment costs. Please contact the front desk to discuss any questions or concerns you may have.

If your account becomes outstanding or overdue and has not been paid within 90 days, your account will be subject to being sent to collections by a collection agency of our choice.

Rescheduling/Change in Schedule Policy: Our practice is dedicated to quality care and exceptional service. We spend extensive amounts of time preparing for your visit. We understand life happens but broken and missed appointments are not acceptable. We require a minimum of 24-hour notice for changes and cancellations. If a proper notice is not received, a \$50 charge will be added to your account.

Thank you for understanding our Financial Policy.

Patient Name: _____

Date: _____

Patient Signature: _____