

Office Financial Policy

If you have dental insurance, it is important to understand your policy so you can receive the maximum benefits. To save time and confusion, and for us to better serve you, we strongly recommend that you get an explanation of benefits on your policy from either your employer or the insurance company itself. **Please keep in mind that the policy you carry is a contract between you and the insurance company.** As a courtesy to our patients, we will bill your **primary** insurance for all services done in our office. Please be aware that most insurance plans only cover a portion of dental fees and that you may be responsible for payment of any of the following:

1. Yearly deductible: This is an amount of money that must be paid before treatment starts.
2. Co-Payment: Your portion of dental fees.
3. Annual policy maximum: This is the amount you are allowed in a specified amount of time.
4. Exclusions and Waiting Periods: Insurance plans may not cover certain services, or they may be subject to a waiting period, which may be 6-12 months before the plan pays on certain services.

It is possible that you will have to pay a patient portion even if you have more than one insurance plan. This all depends on the level of benefits you have purchased from the insurance company. If you cannot provide accurate insurance information by your visit, we will ask you to pay in full for services that are provided that day. Until we have received the information needed to bill your insurance, it will become your responsibility to collect any monies from them. We will provide a statement for you that will describe the services that occurred that day.

If you can provide accurate primary insurance information to our office, and with verification of your coverage, we will estimate the cost of your treatment at the time services are rendered. You will be responsible for your ESTIMATED portion the day that treatment is provided. If you have a secondary insurance plan, forms will be given to you to bill them directly, any monies they pay will go directly to you. **The amount we estimate is not a guarantee of how your insurance will pay. You may owe more than your original estimate. Monies will be refunded if your insurance plan paid more than expected.**

You will receive a monthly statement from us whenever there is a balance on your account. If your insurance company has not paid your claim(s) within 30 working days, it is your responsibility to find out why. **You are responsible for any balances on the account not paid by insurance. Accounts are considered overdue after 90 days regardless of insurance company delays.**

If you do not have insurance coverage, payment in full will be due before treatment starts. We accept many forms of payment including: Cash, Checks, Visa, MasterCard, Discover, American Express, and the Care Credit program. If you are interested in learning more about the Care Credit program, please ask out front office staff.

Cancellation Policy: We require a minimum of 24 hours notice for any cancellations. You may be charged a fee of \$50.00 for any cancellations without adequate notice. If you require an appointment 90 minutes or longer, you may be asked to pay up to a \$100.00 pre-payment. This money will be applied to the dental work done at that appointment. We require at least 24 hours notice to change or cancel an appointment. If you miss an appointment, or do not give us 24 hours notice you will forfeit your pre-payment. Your account could be charged up to \$100.00.

By signing below, you understand and agree to all terms and fees that have been stated above.

Signature of patient or Guardian

Date