

Patient Financial and Insurance Agreement

Welcome to our office. We are honored that you have chosen us as your dental health care provider.

Quality dental care is a financial investment. If you have insurance benefits, we will work with you to help you understand and maximize your coverage. Insurance companies and coverage can vary. Your contract for insurance benefits exists between you and your insurance carrier.

Please remember that you are ultimately responsible for your account with our office.

1. We accept payment for services by cash, check, MasterCard®, Discover® and Visa®. Please ask about our convenient extended payment options using Carecredit®

2. If you have dental insurance, we will be happy to file your claim(s). Ultimately, what insurance does not cover is the responsibility of the patient.

3. If your insurance does not cover 100 percent of the charges, you may be billed any additional amount. Please remember that, regardless of insurance coverage, you are responsible for your account with our office.

4. When treatment is rendered, our staff will fully brief you on the costs and ask that your estimated copayment and deductible be paid at the time of service. We may require a deposit at the time of appointment for some services that cost more than \$200. Our office will let you know of any required deposit in advance. We will file insurance claims and accept assignment of benefits. After receiving payment through your insurance, we will send a statement with any balances due. We ask that payment be made within 14 days of the statement. In the event of a credit, we will promptly issue a refund. In the event that your insurance does not pay within 45 days, we ask that you make payment in full and contact your insurance company regarding reimbursement to you.

5. Should your account become delinquent, your account will be subject to collection proceedings where you may be responsible for any associated collection fees, attorney fees, administrative fees and court costs.

6. All minor patients should be accompanied by guardian or parent. The accompanying parent is responsible for any payment due. Non-emergency treatment may be refused if a minor is not accompanied by an adult.

7. If you do not have insurance, your insurance pays you, or you are over your insurance limit, payment in full is expected at the time of service unless arrangements have been made in writing prior to treatment.

8. In cases of extensive treatment for which full payment cannot be made at the initial appointment, a financial arrangement may be reached. Documentation of this arrangement should be signed by the patient and office staff.

9. All returned checks are assessed a \$25 returned check fee.

10. Our office requires a 24-hour notice for any canceled appointments. A fee of \$25 may be assessed for canceling an appointment without 24-hour notice.

Thank you for reviewing our financial and insurance policy. We will make every effort to explain your costs to you before treatment so we can avoid misunderstandings and focus on your dental health. If you have any questions, please ask—we are here to serve you.

I have read, understand, and agree to abide by this policy. I have been given the opportunity to receive a copy of this document.

Patient Signature

Date