

## Financial Policy

We strongly believe that all patients deserve the very best dental care we can provide. Further, we feel everyone benefits when definite financial arrangements are agreed upon. Accordingly, we have prepared this form to acquaint you with our office policy regarding payment of services and dental insurance.

Payment: Payment is due in full when services are provided. This includes insurance copayment and deductibles.

Children: The parent or guardian who brings the child for his/her visit is legally responsible for payment independent of what a divorce decree may state. We will not send statements to the other persons. Reimbursement must be made between the divorced parents; we will not intervene. Please make payments to the office in advance if someone other than the parent/guardian will be bringing your child to the appointment.

Dental Insurance: At the time of your visit, you will be required to pay for your deductible and/or copayments as outlined by your insurance plan. We will verify your dental benefits and inform you as to what, if any, your deductible and estimated copayment will be for your visit. As a courtesy to our patients we will file insurance claims on your behalf.

**PLEASE NOTE: The estimated copayment at time of service is only an estimate, actual copayment will be determined by our insurance company upon processing of your claim. If necessary, you will be billed for the difference between the estimated and actual copayment.**

Medicare/Medicaid: We do not accept either, therefore, any treatment requested by patients with this type of insurance is payable in full by the patient at the time of service.

Private Pay Patients: For patients without dental insurance, payment is required at the time of service. For your convenience we accept all major credit cards and personal checks.

Broken Appointment Fee: There will be a broken appointment fee of \$65 charged to your account for each appointment that is broken without 24 hours notice.

Collection and Attorney fees: Accounts receiving "Final Notice" will be charged a collection fee. The account will then be turned over to our collection agency for further action. Unfortunately this action will result in permanent dismissal from our practice.

Finance Charge: Finance charge on unpaid balances 30 days and older, is 2% (24% annually), or a billing charge of \$2.00 will be added, whichever is greater.

Patient Signature: \_\_\_\_\_

Patient Name (Printed): \_\_\_\_\_

Date: \_\_\_\_\_