



FINANCIAL POLICY

Thank you for choosing our office as your dental care provider. Our greatest concern is your complete oral health. Anything we do or say will be centered on that philosophy. It is suggested that each patient is seen every six months (or as needed) to ensure this preventative philosophy is met. We are committed to your treatment being successful, and to the return and maintenance of your good oral health. Please understand that payment of your bill is considered part of that treatment. The following is a statement of our **Financial Policy**, which we ask you read, and sign prior to any treatment.

PAYMENT FOR SERVICES RENDERED: You are responsible for payment of all services rendered on your behalf or your dependent. Payment is due at the time of service unless other financial arrangements have been made in writing in advance.

INSURANCE ASSIGNMENT: We may accept assignment of insurance benefits; however, most insurance plans **do not** cover 100% of the fees charged and have a deductible, which must be satisfied before any insurance benefits can be received. Also, please keep in mind that some, and perhaps all, of the services are not considered reasonable and necessary under the provisions of your insurance plan. **If this office accepts your insurance company's assignment, it does not absolve your responsibility for the charges in full for the treatment rendered.** We require that all deductibles, co-pays, and/or any percentage of the bill that the primary insurance carrier does not cover, be paid at the time of service. Your insurance policy is a contract between you and your insurance company. We are not a party to that company's assignment. If your insurance company has not paid your balance in full within 60 days, the balance will automatically be transferred to your account, and **you will be responsible for the balance owed.** This office cannot render services on the assumption that our fees will be paid by your insurance company.

INSURANCE FACTS: Some insurance companies set their fee schedule unrealistically low to limit the amount they must pay in benefits. This does not mean that our fees are too high. We set our fees according to a national dental fee survey. Most insurance companies have a yearly deductible. You will need to know what your deductible is and pay that amount before your insurance company will begin to pay benefits. Please be aware of any restrictions your insurance company has on benefits such as eligibility dates, benefit waiting periods, or necessary pre-certification, and notify the office prior to receiving treatment.

DEFAULT ON PAYMENT: In the event of default on payment, the patient or responsible party promises to pay a service fee of \$11.00 and any attorney fees, as may be required to effect collection of this account. In addition, the patient or responsible party promises to pay a \$25.00 service fee for all returned checks.

I have read and accept the terms of this Financial Policy as indicated by my signature below.

Name of Patient(s)

Signature of Responsible Party

Date Signed

Print Name