

Financial Policy

- The most common misconception concerning insurance is that your policy will cover the total cost of dental fees charged. Insurance is designed to reduce your cost, but usually will not eliminate it entirely. Your estimated out-of-pocket payment is due in full for each visit at the time of service.
- This office will accept the following methods of payment for services rendered: Visa/MasterCard/Discover/Cash/Check.
- Overpayments will be processed and refunded to the appropriate party according to generally accepted procedures. Refunds due to the patient / guarantor will not be processed and remitted until all active and past due, including bad debt accounts, have been paid. This process typically takes 30 days.
- This office will not be involved in any third party liability cases. It is the patient's responsibility and obligation to see that this office is paid promptly.
- It is our policy to submit any insufficient fund checks (NSF checks) to the District Attorney's Office and/or an outside collection agency. A \$25 charge will be added to your account for each NSF check received.
- Insurance is filed as a courtesy to the patient and coverage does not relieve the patient of financial responsibility, nor suspend payments until the insurance has paid.
- Upon verification of insurance benefits, we will attempt to estimate the patient's portion of the fees due. However, **this is only an estimate** and neither the insurance company nor this office will guarantee this figure.
- All patients are charged the same for services rendered. This office does not accept reasonable and customary charge calculations by outside parties unless provided in an arrangement such as a preferred provider contract. Any discounts/write offs will be applied upon receipt of payment and insurance explanation.
- In cases of divorced parents, the parent bringing the child will be deemed responsible for payment.
- This office will send the patient or responsible party a monthly statement showing the balance of the account in an effort to keep the patient informed of the status. If no insurance payment is received within sixty- (60) days of service, **the patient is fully responsible for payment of account**. Any unpaid amount not covered by your insurance must be paid by the responsible party no later than 60 days following your dental services.
- If payment has not been made to an account – (90) days after service is rendered, and no contact or appropriate arrangements have been made, the account will be referred to the necessary legal authorities and credit bureau services. This also applies for patients with insurance.

I have read and agree to the above policies. I understand that it is my responsibility to pay any fees to this office. This signature on file is also my authorization for the release of information necessary to process any insurance claims. I hereby authorize payment to this doctor named of the benefits otherwise payable to me.

Patient/Legal Guardian Signature: _____ Date: _____