



## Dental Office/Financial Policy

### Payments:

We accept cash, check, Visa, Mastercard Discover and American Express. Payment of your “estimated portion” is due at the time of services rendered, such as your annual deductible and/or percentage of the treatment not covered by insurance. As a courtesy, we will gladly contact your insurance to provide an “estimate” of your patient portion. However, despite this, we cannot guarantee the payment of insurance benefits nor can we provide 100% accuracy of the estimated amount since many factors are involved that determine the actual payment of benefits one submitted and processed by your insurance. Keep in mind that many insurance companies base their benefits quoted on a percentage of coverage (i.e. 100%, 80%,50% etc.) on their own fee schedule and not our offices actual fees. This could result in a balance due higher than expected. Should an outstanding balance due result after your insurance company processes your claim, you will then be sent a statement. Payment is due by the due date printed on the statement. Our office policy does not allow partial payments. If a credit balance should result after insurance processes your claim a refund will be promptly issued to you after all insurance claims are processed on the account.

### Unpaid Insurance Claims:

All dental services rendered, whether covered by insurance, are ultimately the financial responsibility of the account holder. We will give your insurance 60 days to remit payment. If there is still no payment after this time, to keep your account current, you will be financially responsible for 100% of the outstanding insurance claim. A statement will be sent to you and payment in full will be due on the due dates printed on the statement. We will try every reasonable attempt to collect funds from your insurance company however, the responsibility may ultimately fall on the account holder to follow up with their insurance company regarding non-payment. Should our office eventually receive payment on your behalf, we will be happy to issue a prompt refund to you.

### Past Due Accounts:

If payment is not received by the due date printed on the statement, then your account is considered, “past due.” If the balance is still unpaid after 90 days, the account will be turned over for further collection. If an account is turned over to our collection agency you will be put in a cash only basis with our office indefinitely. Therefore, any future appointments will need to be paid in full, up front via cash or credit, prior to any insurance payments received. Thereafter, any credit on your account, once all benefits have been received, will then be refunded to you.

### Patients Without Dental Insurance:

Payment if full is expected at the time of service. If payment is made with cash or check at least 1 week prior to the scheduled appointment we will be happy to offer you a 5% discount. We are unable to provide a discount if payment is made with a credit card.

\*Please be aware in situations of divorce or separation, the parent bringing the child to the office will be considered responsible for payment of services.

\*A broken appt fee of **\$45** will automatically be applied to your account if an appointment is cancelled or broken without a 24hour notice.

By signing below, I verify that I completely understand and agree to the outlined policies. I understand my obligation of payment for all dental services rendered.

Patient name \_\_\_\_\_ Signature\_\_\_\_\_

Responsible party \_\_\_\_\_ Date\_\_\_\_\_