



Financial Policy for Our Patients

Our office wants all our patients to be able to comfortably afford dental care. We proudly offer the following financial policy so that our patients can have the opportunity to decide which payment option best suits your needs.

Our office will gladly work with you to help get the maximum benefit available to you. Most dental insurance plans do not cover 100% of your cost of treatment. We will estimate as closely as possible your coverage, but we can make no guarantee of any estimated coverage.

I understand and acknowledge that I am fully and completely responsible for the payment of all costs associated with the services, treatments, procedures and/or diagnostic methods performed and utilized by the dentist and others. I acknowledge that any insurance coverage or managed care benefit that I may have is based on a contract between my insurance company or managed care company and me, my spouse and/or my employer. The dentist is not a party to this contract and the services, treatments, procedures and/or diagnostic methods that are provided to me. Therefore, I acknowledge that I am fully responsible for the payment of all sums owed to the dentist for the services, treatments, procedures and or diagnostic methods provided to me. As a courtesy to me, the dental office will bill my insurance company or managed care company and I acknowledge that I will remain liable for any and all amounts not paid by the insurance company or managed care company for any reason (included but not limited to the insurance company or managed care company declining coverage after initially approving it) or if the insurance company or managed care company fails for any reason to reimburse the dentist within 30 days of being billed by the dentist. I acknowledge that it is my responsibility to provide the dentist with my current insurance or managed care information and any changes thereto.

Patient balances that go unpaid for over 30 days may incur finance charges up to \$25.00 and accounts that are forwarded to a collection agency will be subject to 25% of the entire balance in collection fees, plus any legal fees that may apply.

Reporting student status to the dental insurance company is the responsibility of the policy holder.

For missed appointments or appointments cancelled with less than 24 hours' notice, your account will be assessed \$100.00. For personal checks returned due to insufficient funds, your account will be charged \$75.00.

I consent to the dentist's use and disclosure of my health information to my insurance company or managed care company and any agent thereof. I hereby assign to the dentist all of the insurance and managed care benefits due to me for the services, treatments, procedures and/or diagnostic methods provided to me and I authorize my insurance company and/or managed care company to make payment directly to the dentist for the costs associated therewith.

PAYMENT OPTIONS

1. Cash or Check
2. Credit Card - Our office accepts Visa, MasterCard, Discover, Amex
3. Outside Financing - Our office works with several outside companies to offer our patients No Interest Payment Plans.
 - a. No Interest Payment Plan (up to 18 months)
 - b. Low Interest Payment Plans (up to 40 months)

Patient: _____

Signature: _____ Date: _____