

# OFFICE AND FINANCIAL POLICY

Our office is committed to providing you and your family with the best possible dental care. In order to continue to do this, we need your understanding of, and your adherence to, the office and financial policies. Please take the time to read this carefully.

Since the practice depends upon reimbursement from the patients for the costs incurred in their care, payment is therefore expected at the time services are rendered. If you have dental insurance, we will accept assignment of your insurance benefits; however, we do require that your co-payment and deductible be paid in full at the time of your appointment. Our office will prepare insurance forms or assist in making collections from your dental insurance company. However, all charges are the patient's responsibility. And any balance that is unpaid by the insurance is also the patients responsibility and credit cards on file may be charged. Insurance verification and submission is provided as an additional service and courtesy by our staff. However, your insurance policy is a contract between you, or your employer, and the insurance company. Thus you and your insurance company should resolve any conflicts involving your dental insurance.

Please be aware that some, or perhaps all, of the services provided may not be covered (or may be considered as an alternate benefit) under the policy your employer has selected. If the service is not covered, the fee becomes your responsibility. Any claim that is unpaid within 45 days of the date of service also is the patient's responsibility. It is our strongest recommendation that you call your insurance company and become familiar with your plan and its benefits. It is also your responsibility to inform us of any changes in your dental insurance prior to the start of treatment.

**As appointment time is reserved especially for you, we reserve the right to charge a broken appointment or cancellation fee of \$30 per every half hour with less than 48 hours notice.**

**Any returned checks will be subject to a \$35 fee.**

For the release of dental records or x-rays, we require a \$25.00 release fee per patient. Please understand that it may take anywhere from 5-10 business days to prepare your records.

Should your account become due in excess of 45 days from date of service, please acknowledge that a monthly interest fee of 1.5% may be added, as well as a \$25.00 reprocessing fee. In the event that your account is sent to a third party for collection, you will be responsible for any fees involved in the collections process, including attorney fees.

We must emphasize that as dental care providers our relationship is with you, not your insurance company. While the filing of insurance claims is a service that we extend to our patients, all charges are your responsibility from the date services are rendered. We realize that temporary financial problems may affect the timely payment of your balance. If such a situation arises, we encourage you to contact us promptly for assistance in the management of your account.

By signing below, I attest that I have read and understood the office and financial policy and agree to its terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship \_\_\_\_\_