



## FINANCIAL POLICY

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dental care in a caring and enjoyable atmosphere. **It is our policy to make definite financial arrangements with you before any treatment starts.** Below is an explanation of our payment procedures. If you have any questions, please do not hesitate to ask.

1. Payment for services is due at the time services are rendered. We accept cash, checks, and credit cards (VISA, MasterCard and CareCredit).
2. As a courtesy, we will file your insurance for you and accept assignment of benefits. **Some insurance companies will not accept assignment of benefits to out of network providers. In this case, you are responsible for payment in full at time of service.** We will still file the insurance for you and your insurance will send you payment.
3. The guarantor is responsible for all post- insurance balances, whether or not they differ from the original estimate. We strive to provide as accurate an estimate as possible, but this is provided as a courtesy to the guarantor, not as a guarantee of coverage and payment.
4. Our office will file you insurance a maximum of **two times** per appointment.
5. **If the claim is not paid by your insurance carrier within sixty days, you will be responsible for the full balance and further insurance appeal becomes your responsibility.** We will be happy to provide you with a claim form so that you can follow up on your insurance claims personally.
6. You must provide the office with your dental insurance information **prior** to your appointment so the information can be verified. **If at the time of the appointment you provide new insurance information, you will be responsible for payment of all fees. We will verify the insurance and file it for you within 48 hours of the appointment and your insurance company will pay you.**
7. If insurance benefits are assigned to the doctor, you will be responsible for paying your deductible and co-payments at the time of service. **If we are not a preferred provider with your insurance company, you are responsible for paying all charges not covered by your insurance company, including all fees considered above your insurance company's usual and customary fee schedule.** Your insurance benefits are a contract between you and your employer. The amount of coverage you will receive will depend on the quality of the plan purchased by your employer, not the fees of the doctor.
8. **The office cannot carry balances longer than 90 days;** regardless if the insurance payment is still pending. A finance charge will be added to your account if it is not paid within 90 days, regardless of balance amount.
9. **We send monthly statements to notify you of any balance, if the account remains unpaid after 90 days this office will be required to employ a collection service to collect payment.** The responsible party agrees to pay all reasonable, related collection fees.
10. There will be a \$30.00 service charge for all returned checks. If the returned check is not paid for within 30 days, it will be sent to a collections service.
11. **The parent or guardian who registers the child for their initial visit is considered the guarantor on the account, whether or not they carry the insurance for the child, and is responsible for payment independent of what a divorce decree may state. Reimbursement must be made between the divorced parents. We will not intervene.**