Financial Information for Patients

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment.

MISSED APPOINTMENTS:

If unable to keep appointment, kindly give a 24 hour notice, otherwise we reserve the right to charge $50 to the account.

Please help us service you better by keeping scheduled appointments.

PAYMENT:

Self Pay: Payment in **full** is due at the time of service.

Medicare and patients with BC/BS insurance (not including federal): Payment in **full** is due at the time of service. Claims will be sent to your insurance company and any insurance reimbursement will be sent to your address on file.

All other insurance carriers: All patient estimated out-of-pockets will be due at time of service.

Payment Method: We accept cash, check and all major credits cards. There is a 5% usage fee for credit cards. There is no fee for HSA or Flex Spending credit cards.

Courtesy Discount: a 5% discount is offered for procedures over $500 (if paid in full the day of service by cash or check.) This courtesy cannot be applied to preventative treatment (cleanings, exams and x-rays). If procedures involve multiple appointments, like (crowns, scaling and root planning, or dentures), payment is due at the first appointment for the discount to apply. This discount is not available to Delta Dental patients as we already have discounted your fees via your insurance company.

Unpaid balance over 30 days will be subject to monthly late fee of $5. (accrued monthly). This fee is subject to change pending the amount owed and time since last payment.

Returned checks: a $25 returned check fee will be accessed to your account.

Accounts that are 90 days past due (without any payments made and/or no contact from you regarding your account) will be subject to the following actions: All additional fees for collection of outstanding accounts will be added to your balance and will be your responsibility.

1.) Account may be sent to Small Claims Court
2.) Account may be sent to Collection Agency

INSURANCE

If insurance benefits apply, ESTIMATED PATIENT CO-PAYMENTS (out of pocket) and DEDUCTIBLES are due at the time of service.

As a courtesy to you, our office provides certain services, including a pre-treatment estimate (predetermination). Depending on your insurance carrier, this estimate can be looked up online via a secure portal, filed electronically or sent via mail. As soon as we have the information, we will discuss it with you. This is an ESTIMATE from your insurance stating what they will probably pay for the treatment and what you will have to pay out of pocket. However, this is NOT A GUARNTEE as some insurance companies will not pay what they say they will.

Understand that regardless of any insurance status, you are responsible for the balance due on your account. You are responsible for all professional services rendered.

NOTE: if your insurance company does not pay their portion to us within 60 days, you will be responsible for the balance at that time.

Minor Patients: Please indicate, by signing below, who will be the responsible party for the payments of a minor child. If this is not completed, we will assume the person bringing the patient to the initial appointment will be responsible for the payments.

Divorce/Custody Decrees: Resolution for payment must be handled between the parties involved and our office cannot be a go between for domestic arrangements.

I have read and understand the above policies and agree to abide by them.

Date _____

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Patient Name (printed) Signature of patient or person responsible