



Payment and Dental Insurance Policies

WE ARE COMMITTED TO PROVIDING YOU WITH THE BEST POSSIBLE CARE. IN ORDER TO ACHIEVE THESE GOALS, WE NEED YOUR ASSISTANCE AND YOUR UNDERSTANDING OF OUR PAYMENT POLICY.

PAYMENT POLICY

- Payment and/or co-pays for services are **due at the time service is rendered** unless current payment arrangements have been approved in advance by our staff.
- We accept cash, checks, Mastercard, Visa, American Express, and Discover.
- As a courtesy, we will be happy to help you process your insurance claim forms.
- Returned checks are subject to a \$25.00 collection fee.
- Balances older than 60 days will be charged interest fees of 1.5% per month or 18% per year.
- Balances that are 90 days past due will be subject to collection by an independent collection agency. Any account that is sent to an outside collection agency, will be given 30 days notice of dismissal from this practice.
- Missed appointments or appointments canceled without 24 hours notice are subject to a \$65.00 fee. Three missed appointments could result in dismissal from our practice.

DENTAL INSURANCE

- Your insurance is a contract between **you, your employer, and the insurance company**. We are not a party of that contract.
- Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowable determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of usual, customary, and reasonable (UCR). This statement does not apply to companies who reimburse on arbitrary "schedule" of fees which bears no relationship to the standard and cost of care in this area.
- Not all services are a covered benefit in all contracts. Some insurance companies select certain services they will not cover.
- Any questions or uncertainty you have regarding your insurance coverage should be directed to your insurance provider.

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

ACKNOWLEDGMENT

I have read and understand the above statements.

RESPONSIBLE PARTY SIGNATURE _____ DATE ____/____/____

PATIENT NAME _____

RESPONSIBLE PARTY NAME (IF NOT PATIENT) _____ RELATIONSHIP _____