

FINANCIAL POLICY FOR OUR PATIENTS

Great dental treatment is vital to the quality of your life and we are sensitive to your concerns about paying for it. We will gladly discuss the payment options we have available before beginning *any* treatment. We accept cash, checks, debit cards, Care Credit, Visa, MasterCard, Discover and American Express.

Considerable care has been taken in determining our fees. We want to assure you that our charges accurately reflect the complexity of care rendered and the skill and expertise required for your care. Our fees are comparable to those of other General Dentist in this area.

Our office will work with you to maximize your available insurance benefits and diligently follow up on claims to secure payment. In return we ask that you pay your deductibles and co-pays on the day treatment is rendered. Most insurance plans do not cover 100% of our fees. We will do our best to estimate your patient portion but please understand these estimations *cannot be guaranteed*. Our agreement is with you and not your insurance company. You (and perhaps your employer) have chosen your insurance coverage. Although we will happily assist you in submitting your claim to your carrier, ultimately you are financially responsible for the service you receive. Payment to our office is not contingent, nor dependent upon your insurance company. If your insurance does not pay their portion within 60 days of your treatment, you are responsible for full payment of the balance at that time.

If you have any questions about our financial policies, please feel free to discuss them with our Financial Coordinator. **Any questions about your insurance should be directed to your insurance company.**

Patient Acknowledgement:

I understand and agree that I am financially responsible for the payment of all charges incurred regardless of any insurance coverage or other plans available to me. I understand there is a \$25.00 service fee for returned checks. Additionally, I understand and agree to pay for all collection costs and/or attorney's fees if any delinquent balance is placed with an agency or attorney for collection, suit or other legal action.

I have read and understand my financial responsibility under this policy.