

OUR FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have dental insurance, we are always available to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsibility.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance. Minors **MUST** be accompanied by an adult for all treatment.

We accept CASH, CHECKS, VISA and MASTERCARD. Financing is also available upon request, prior to treatment.

In most instances we accept assignment of insurance benefits, in which case, your portion of each service is due at the time services are rendered. Those who have dual coverage should discuss their payment plans with the receptionist. If your insurance company pays more than the balance due, we will send a refund check to you immediately.

We will gladly discuss your proposed treatment and answer any questions regarding your insurance.

YOU MUST REALIZE, HOWEVER, THAT:

1. YOUR insurance is a contract between you, your employer and the insurance company.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore, are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) or "UCR" is defined as Usual, Customary and Reasonable fees for this region, thus, our fees are considered Usual, Customary and Reasonable by most insurance companies. However, this statement does not apply to companies who reimburse based on arbitrary "schedule" of fees, which bears no relationship to the current standard cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. Should your insurance take longer than 60 days to pay, we would ask that you take care of the balance due and then be reimbursed if and when we receive the insurance payment.

Returned checks are subject to an **additional fee**. Charges may be incurred for **broken appointments** and **appointments cancelled without 24 hours notice.**

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 courtesy that we extend to our patients, all charges are **your responsibility** from the day the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, **PLEASE** don't hesitate to ask us. **WE ARE HERE TO HELP YOU!**

RESPONSIBLE PARTY SIGNATURE _____ DATE _____