

# FINANCIAL POLICY

Welcome! Our goal is to provide you with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

## **FINANCIAL AGREEMENT:**

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated portion at the time of service. Payments may be made using Cash, Check, Visa, MasterCard and/or Discover. We also offer **CareCredit®**, which is a financing option that is available only for healthcare expenses. We will mail monthly statements to all patients with an outstanding balance and charge of 10% interest after 90 days.

## **Payment Options:**

- 1. Full pay Cash/ Check discount:** We offer a 10% accounting courtesy to patients without insurance who pay with check/cash for treatment that is paid in full prior to or on the date of services being performed.
- 2. Credit Card:** We accept payment by Visa, MasterCard, or Discover although no discount will be given if you choose this option.
- 3. Term Loan:** Financial arrangements with **CareCredit®** we can offer patients upon approval, an interest-free term loan (up to 12 months) with no down payment, no annual fee and no prepayment penalty. There are also extended payment options with 14.90% to 16.90% interest. Ask for an application!
- 4. Ask about other payment options!** There will be a fee for any additional procedure(s) NOT included in the original treatment plan and/or not paid by the insurance.

## **Appointments:**

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least **48 hour** notice for any cancelled or rescheduled appointment. For appointments missed, cancelled, or rescheduled with less than 48 hours' notice there will be a \$50 per hour of scheduled time charged for the missed appointment. After 1 missed appointment for services scheduled over one hour we will require a 25% non-refundable deposit prior to re-scheduling your appointment. After 2 missed, cancelled, rescheduled appointments we will place you on a short call list, which means we will phone you when an appointment time becomes available on short notice. This gives you the opportunity to know if your busy schedule has an opening for a dental appointment within the next few hours.

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## **Surgical Appointments:**

For surgical appointments costing over \$1000 there will be a 25% deposit due at the time of scheduling the appointment to hold the appointment for you.

## **Insurance Information:**

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We will help you to receive your maximum allowable benefits. In order to do this we need your insurance card and/or insurance policy information so we can verify your insurance benefits, this also helps us be able to give you an estimate for dental treatment although there is never a guarantee of payment from your insurance company until services are rendered.

## **All of our doctors will diagnose treatment based on your dental health needs not based on your insurance coverage.**

You must realize that:

Dental insurance isn't really insurance (a payment to cover the cost of a loss) at all. It is actually a money benefit, patients pay for dental services. Most benefit plans are only designed to cover a portion of the total cost of a person's necessary dental treatment. For example, a dentist may recommend a crown for a tooth that has extensive decay; however, the dental plan may only cover the cost of a filling. This does not mean that the patient does not need a crown; this only means that the benefit is limited to a filling.

If your insurance has not paid within 90 days of services rendered, you will need to make full payment to this office and you will be reimbursed when your insurance company pays. After 90 days the patient is responsible to pursue payment from the insurance company. All current documentation will be provided by mail in order to assist your inquiries.

**The insured has a better ability to deal with the insurance company and the employer responsible for the policy.**

***Please indicate your understanding and acceptance of these financial policies by signing below.***

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_