

Financial Policy

Thank you for choosing us as your dental care provider. Our greatest concern is your complete oral health. Anything we do or say will be centered on that philosophy. It is suggested that each patient is seen every six months (or as needed) to ensure this preventive philosophy is met. We are committed to your being successful, and to the return and maintenance of your good oral health. Please understand that payment of your bill is considered part of that treatment. The following is a statement of our financial policy, which we ask you read, and sign prior to any treatment.

Payment for Services Rendered: Patients are responsible for payment of all services rendered on their behalf or their dependents. Payment is due at the time of service unless other financial arrangements have been made in writing in advance.

Insurance Assignment: We may accept assignment of insurance benefits; however, most insurance plans DO NOT cover 100% of the fees charged and have a deductible, which must be satisfied before any insurance benefits can be received. Also, please keep in mind that some, and perhaps all, of the services are not considered reasonable and necessary under the provisions of your insurance plan. If this office accepts your insurance companies assignment, it does not absolve the patient's responsibility for the charges in full for the treatment rendered. We require that all deductibles, co pays, and/or any percentage of the bill that the primary insurance carrier does not cover, be paid at the time of service. Your insurance policy is a contract between you and your insurance company. We are not a party to that company's assignment. If your insurance company has not paid your balance in full within 90 days, the balance will automatically be transferred to your account, and you will be responsible for the balance owed. This office cannot render services on the assumption that our fees will be paid by you insurance company.

Insurance Facts: Some insurance companies set their fee schedule unrealistically low to limit the amount they must pay in benefits. This does not mean that our fees are too high. We set our fees according to a national dental fee survey. Most insurance companies have a yearly deductible. You will need to know what your deductible is and pay the amount before your insurance company will begin to pay benefits.

Default on Payment: In the event of default on payment, the patient (guardian) promises to pay and all collection costs and attorney fees as may be required to effect collection of this account.

Patient Signature: _____

Responsible Party Signature: _____

(Parent/Guardian if patient is a minor)