

## OUR FINANCIAL POLICIES AND OPTIONS<sup>1</sup>

Fees for the initial examination and all emergency treatment must be paid at time of service, see below for method (this includes all patients with dental insurance). Payment in full is due when services are performed on all treatment plans (this includes patients with dental insurance). There is a \$50 charge for any check returned due to insufficient funds. This will not be applied towards a rescheduled appointment. Your scheduled appointments are a confirmation you will arrive on the day of your scheduled reservation. A reminder by us of these appointments is only a courtesy. Any scheduled appointments cancelled less than 48 hours will be charged \$100.00. **Initials** \_\_\_\_\_

### **DENTAL INSURANCE**

All insurance companies do not cover 100% of all dental treatments. Your portion, not covered by insurance, is due at the time the treatment is performed. To know what your portion will be, you must contact your insurance company prior to receiving treatment. Although we have a state-of-the-art system to assist in processing claims it is only an estimate. We will be happy to supply any and all information the insurance company requires.

We are completely committed to maximizing your yearly dental benefits. Due to the large number of insurance companies and their periodic changes within their contracts, we can only approximate your portion. In order for us to do this we must have your current dental insurance information on file. Dental contracts change often and it is your responsibility to ensure we have the most recent information. Please be aware of the notices you receive from your employer.

As a valued patient, you are reminded that your dental insurance policy is an agreement between you and your insurance company. It is NOT an agreement between the insurance company and this dental office. You are responsible for all fees if and when it results in less coverage paid by all insurance companies than anticipated. The *patient*, not the policy holder, is still the responsible party regarding all dental fees.

Our processing of all insurance claims is only a courtesy and does not guarantee payment in full. Again, without current dental insurance information it will delay processing claims. **Initials** \_\_\_\_\_

### **CASH, CHECK, VISA®, MASTERCARD, DISCOVER® AMERICAN EXPRESS ACCEPTED**

There is a \$50 charge for any check returned due to insufficient funds. Discounts are not extended in any fashion due to nominal service fees and cost of daily operations. Flexible spending accounts are also an option if provided by your employer. **Initials** \_\_\_\_\_

### **CARE CREDIT AND CHASE HEALTH ADVANCE**

We've made arrangements with these companies that will finance your dental treatment at small monthly fees<sup>2</sup>. This will allow you to complete your dental care without delay. Ask the treatment coordinator for documents. **Initials** \_\_\_\_\_

### **SENIOR CITIZEN DISCOUNTS**

For uninsured patients 65 years or older, we offer a 10% cash courtesy. **Initials** \_\_\_\_\_

### **GRADUAL TREATMENT PLAN**

We can also plan the completion of your dental work by spreading your appointments over several months or years allowing time for insurance to renew and for you to set aside funds. Our priority is to do the most urgent services at the beginning of treatment. **Initials** \_\_\_\_\_

I acknowledge and I have read the financial information and agree to all terms and conditions contained herein.

**Sign Name: (Print)** \_\_\_\_\_ **(Signature)** \_\_\_\_\_

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

<sup>1</sup> In an effort to provide you with the best value, we reserve the right to change these policies and options without notice.

<sup>2</sup> Pending credit approval.