FINANCIAL POLICY

Patients WITH Insurance Coverage:

Please understand that your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will be glad to help you obtain the appropriate benefits from your insurance carrier as a courtesy to you. However, you are responsible for the payments of your account. We can request a pre-estimate of benefits from your insurance carrier if you request to do so. Routine treatments are generally performed without submitting a request of pre-estimate benefits. Regarding insurance plans where we are a participating provider, all co-pays and deductibles are **due prior to the treatment.** If your insurance company has not paid the claim within 45 days, the balance will be automatically transferred to you. In some cases, insurance carrier may pay for alternative benefits other than the treatment performed. In this case, you are responsible to pay for the difference. Even if you have dal coverage (which is possible when you and your spouse both have insurance) there may still be a portion that is your responsibility. **All procedures involving lab work will require 50% down payment, then the remaining 50% balance will be due as treatment progresses. The balance must be paid before final placement.** If you are having extensive treatment over a period of time, we request payments during the course of treatment. Our financial coordinator will assist you in arranging a payment schedule.

Patients WITHOUT Insurance Coverage:

Patients without insurance coverage are required to pay for services as rendered. We accept Cash, MasterCard, Visa, Discover, American Express or Debit/ATM cards, personal checks, or money orders. We also arrange pre-payments and financing plans with Care Credit.

Office Policy Concerning Scheduling Appointments:

When you make an appointment, we reserve that time for you. We understand that extreme or unavoidable emergencies or circumstances do arise which may require you to cancel your appointment. We reserve the right to charge for any appointment(s) missed or broken without a 24 hour notice. The charge will be $25 per scheduled hour.

Initials: _____ Date:_____

Billing Policy:

1. Checks returned unpaid from the bank are subjected to $30.00 return service fee.
2. Accounts delinquent more than 45 days from the date of billing are subject to a 1.5% per month (18% annually) finance charge. If your account is sent to our collection agency, you will be responsible for collections and court costs along with attorney fees.

We welcome you to our office and want to provide you with the best care possible!

If you have any questions regarding our policies and your treatment, please do not hesitate to ask!

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY, SCHEDULING POLICY AND BILLING POLICY.

_____ _____

Signature of Patient/ Parent or Guardian (if minor) Date