

Financial Policy

Thank you for choosing us as your dental care provider. We are committed to providing you with quality and affordable dental care, Please ask us any questions you may have and sign in the space provided.

Insurance. We participate in most insurance plans, including Medicaid. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage, Knowing your Insurance benefits Is your responsibility, Please contact your insurance company with any questions you may have regarding your coverage.

Co-payment and deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement Is pan of your contract with your insurance company, Failure on our part to collect co-payment and deductive from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Non-covered services. Please be aware that some and perhaps all of the services you receive may be non-covered or not considered "reasonable or necessary" by Medicaid or other insurers, You must pay for these services in full at the time of visit.

Proof of insurance. All patients must complete our patient Information form before seeing the doctor, We must obtain a copy of your driver's license and current valid insurance to provide proof of insurance. If you fall to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid, Your insurance company may need you to supply certain information directly, It is your responsibility whether or not your insurance company pays your claim, Your Insurance benefit is a contract between you and your Insurance company; we are not party in that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits, If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

Nonpayment. A service charge of 1½% per month on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied. Please be aware that if a balance remains unpaid, we will refer your account to a collections agency and you and your immediate family members may be discharged from this practice.

In-house financing. In the event that you apply for our in-house financing, and are approved, any late payments will be assessed a \$25.00 late fee for payment not received by their due date.

Fee Estimate. Any fee estimate for dental care can only be extended for a period of 6 months from the date of the patient's examination.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature:

Date:

Patient Name(s):
