



## Financial Policy Regarding Payment and Insurance

We thank you for paying for treatment on the day that services are rendered. As a courtesy to our patients with dental insurance, we will file an insurance claim for payment. Please be aware that dental insurances have co-pays, deductibles, or fees that are not covered. Many routine preventive services are covered in full, but most plans will only pay for portions of restorative and orthodontic treatments. We will expect payment for the portion of treatment that is not covered by your insurance on the day of service. We accept cash, check, MasterCard, Visa, Discover, American Express and debit cards. Payment plans can be set up through Care Credit or Lending Club for those in need of an extended payment option.

There are many dental plans and we are unable to know the specifics for all. We try to assist you by getting a pre-estimate from your insurance company prior to treatment. Should you choose to complete your dental care prior to receiving the pre-estimate we will collect an estimation of what we feel is due and will refund you any money that was overestimated or bill for what was not collected on the day of service. We ask that you familiarize yourself with your dental plan and the benefits you have. This can help you to avoid unexpected bills.

**Payment:** The patient/ parent or guardian who is bringing the child to our office is responsible for the payment of all charges. We can not send statements to other parties.

**Dental Insurance:** If you have dental insurance we will file an insurance claim for payment directly to us. You will be responsible for all co-payments, deductibles, or actual fees that your dental insurance does not cover on the day of treatment. Please inform us if your insurance has changed.

**Pre-Treatment Authorization:** We will obtain a pre-treatment authorization from your insurance company. This is an estimate regarding your dental deductible and co-pay. Please be aware that treatment recommendations may change due to the progressive nature of dental disease.

**Fillings:** Our office only uses white (composite) fillings. Please be aware that your insurance company may not pay for a white filling at the same level as a silver mercury (amalgam) filling. The difference is your responsibility.

**Missed Appointments:** We ask that you provide us with at least 24 hours notice to cancel or reschedule any appointment so that we may use the time reserved for you for another patient. If you do not provide us with a 24 hour notice, a cancellation fee will be applied to your account. Appointments are confirmed by email, text message and phone by our automated system. Please make sure we have an accurate email address and phone numbers on file. You may opt out of any of these message confirmations.

**Past due accounts:** Past due accounts are subject to a monthly service charge and will be turned over to the collection agency or small claims court. You agree to pay any and all attorney fees associated with the collection of monies due.

**Returned checks:** There is a \$30.00 charge for all checks returned by your bank for any reason.

**Copy of records:** Should you need a copy of your records, you must complete a records release form allowing us to release your record to the party of your choosing.

Please remember, even if you have insurance, you are responsible for payment of your account. Please realize that your insurance benefits are determined by the type of plan chosen by you and/or your employer. We are here to help you answer any insurance or billing questions you may have but it is ultimately your responsibility to be knowledgeable about your dental plan.

**I have read the above and understand my financial obligations and authorize my insurance company to pay directly to my dentist.**

Patient Name (Please Print): \_\_\_\_\_

Patient/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_