



Insurance and Financial Policy

Patient Name:

Birth Date:

FINANCIAL ARRANGEMENTS

Due to the highly specialized treatment that we provide, most treatment plans are complex. As a result of the amount of time that we invest in your treatment, along with material overhead costs, payment is expected in full at the time of service unless other arrangements have been made. For your convenience, we accept all major credit cards, cash, Care Credit, and Lending Club. If a specialized payment plan is needed, please discuss this with the administrative staff prior to scheduling. It is our Goal to Help!

INSURANCE PHILOSOPHY

If you have in network dental benefits, we will contact your insurance company for you and determine an estimate of your portion. This information is an **estimate**, only and we cannot guarantee its accuracy. If you have out of network benefits, as a courtesy, we will submit all claims to your insurance company for you. After your insurance company pays their portion, we will inform you of what balance, if any, is outstanding for you to pay. This amount will be due upon notification. Please note that your insurance policy is a contract between you and your insurance carrier. It is your responsibility to understand your plan benefits. If for any reason your insurance carrier does not pay within forty-five days, as allowed by law, the balance will become your responsibility. Any past due balance is subject to a monthly finance charge. IN the unfortunate circumstance that your account becomes more than 90 days overdue, we partner with a third party collection agency. In addition, your account will be charged a collection fee of \$50.00.

APPOINTMENT POLICY

We believe appointments are a commitment between patient, and doctor/hygienist. When appointments are scheduled, we are serving a chair especially for you. We review your chart, set up instruments, and genuinely look forward to seeing you. We even go the extra mile to remind you via email, text and personal phone calls. Should you need to change your appointment for any reason, we require 48 hours notice.

If you are going to be late for your appointment, we request the courtesy of a phone call. Should you arrive 15 minutes past your appointment time we may need to reschedule.

We reserve the right to charge your account a missed appointment fee in the amount of \$100.00 if appointments are missed or cancelled without sufficient notice.

I understand the Financial Arrangements, Insurance Philosophy, and Appointment Policy.

I acknowledge that I have read, understand, and agree to be bound by the terms outlined in this form.

SIGNATURE

Date of signing: _____

Relationship to the patient: _____

Print Name _____