

## Office Financial Policies

We appreciate you allowing us to provide dental care for your child. Because we value our relationship with you and believe that the best relationships are based on understanding, we offer these clarifications of the methods of payment for services.

- Your co-payment is required to be paid in full by cash, check, accompanied with a valid drivers license, or charge card at each appointment as service is rendered. We accept Visa, and Master Card. \_\_\_\_\_ *initial*
- Please understand that your insurance is a contract between you, the dental insurance company and your employer. We are not a party to this contract. We are cannot influence how much of our fees **your** insurance will cover. Your benefits are determined by the policy your employer or you purchased. Please provide us with the correct dental insurance information. \_\_\_\_\_ *initial*
- We recommend that you allow us to preauthorize any treatment plan over \$300. This is to ensure that you are not left with a large balance after the insurance has paid their share. Preauthorization, however, takes time. If you wish not to wait, then we require you to pay the account in full as the services are rendered. We can bill the insurance and reimburse you or bill the insurance for you and have them pay you directly. The choice is yours. \_\_\_\_\_ *initial*
- We **do** bill secondary insurances. You will have to pay us your **yearly deductible** on your first treatment appointment. Once primary and secondary insurances have paid, you are immediately responsible for any balance on your account. \_\_\_\_\_ *initial*
- For the insurances that we are not providers for, we require payment of \$50 at time of treatment. We also want you to be aware that you will have to pay the outstanding balance after your insurance pays us. \_\_\_\_\_ *initial*
- You are responsible for any co-pays and deductibles at each visit. \_\_\_\_\_ *initial*
- As a courtesy to you, we will send the claim to your insurance company once for each date of treatment. However, if we do not receive payment from the company within 5 weeks after the submission of the claim, you will be expected to pay for all dental services on that claim. We will be glad to provide you with any information you may need so that you may bill the insurance company yourself and receive payment from them. In the event of duplicate payment, we will reimburse you. \_\_\_\_\_ *initial*
- We also offer payment plans through a third party financing company. Please ask us for details. \_\_\_\_\_ *initial*
- Outstanding accounts over 60 days will be assessed a finance charge of 19.5 % A.P.R. After 90 days from the date of submission of the claim, accounts of patients not responding to statements and letters of overdue payments will be transferred to a collection agency, which may lead to additional processing and legal charges. \_\_\_\_\_ *initial*
- The parent or guardian signing this document is responsible for payment of the account. Please understand that even the dental insurance, you are ultimately the responsible party. \_\_\_\_\_ *initial*

