



## *Important Change of Financial Policies*

### INSURANCE

As a courtesy to our patients, we will submit claims to your primary and secondary insurance companies only. Our staff will be happy to provide a paper copy of your claim in order for you to submit to any additional insurance companies. At any time, you may request copies of paper claims and submit to your insurance company directly. If you choose to handle your own claims, payment will be required in full at the time of services. Your insurance company will reimburse you directly.

Our software enables us to give an estimate of what we expect insurance to pay on each of your claims, but please be aware that this is only an approximate value. Pre-treatment estimates can be filed with your insurer per your request, but even with a pre-treatment estimate, benefits are not guaranteed. We strive to give you the best and most informed information we can, using the tools available to us. We always recommend that you contact your insurance company directly with any questions or concerns.

Co-payment, payment for non-covered services and payment for accounts that are not covered under a dental insurance plan are required to be paid in full at the time of your appointment. Patients are financially responsible for all treatment rendered. Please understand, our office cannot accept responsibility for nonpayment of your insurance claims, nor can we negotiate a settlement on a disputed claim. For your convenience, our office accepts cash, checks, money orders, Visa, Mastercard and Discover.

### OUTSTANDING ACCOUNTS

If your insurance has not paid within 90 days of service, the balance due is your responsibility. Any balances that are more than 90 days old will be subject to review and collection efforts. If a satisfactory arrangement is not made or upheld, we reserve the right to transfer the account to an outside collection agency.

We realize that temporary financial situations may affect your ability to pay your account in a timely manner. If this is the case, please contact us promptly for assistance in the management of your account.

### MANAGING YOUR ACCOUNT

Please provide us with any change of status such as change of name, address, phone number or insurance coverage.

### APPOINTMENTS

We request 48 hours notice to cancel or change an appointment. If we do not receive adequate notice, we reserve the right to assess a \$50 fee for missed appointment time. We understand that emergencies happen, and will try to work with you as best we can.

As always, it is our pleasure to serve your dental health needs and we welcome any questions you have regarding our financial or insurance policies. We hope you understand the need to adhere to these policies as they help to keep our fees low for all of our valued patients.

### **I have read and understand the financial policy.**

► *Please sign to verify that you accept the policies as stated.*

\_\_\_\_\_  
SIGNATURE OF PATIENT/PARENT/GUARDIAN

\_\_\_\_\_  
DATE