



FAMILY DENTISTRY
Law
FINANCIAL POLICY

Thank you for choosing us as your dental care provider. Our office is committed to providing you with the best care possible to achieve total oral health. Please understand that payment of your bill is considered as part of your treatment. If you have dental insurance, we will be happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment. All patients must complete our New Patient and Insurance Form before seeing the doctor.

Regarding Payment

Patient portion is due at the time services are rendered unless prior financial arrangements have been made. We accept the following forms of payment: Cash, Check, Visa, MasterCard and Care Credit.

To offer payment plans, we partner with Care Credit. This company allows patients to move forward with their treatment and pay for it over time. They offer payment plans without interest, and require prior credit approval.

If dentures, partial dentures, crown and bridge are to be fabricated by a dental laboratory, a 50% deposit will be required at the time of the first impression. The remaining balance is due at the time the prosthesis is cemented or inserted.

The parent that accompanies the minor child/children to the appointment is responsible for any payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized before the appointment date or previous arrangements have been made.

Checks that are returned to our office from your financial institution are subject to a \$25.00 returned check fee. This fee covers the processing fees that are charged to our office.

Regarding Insurance

Dental insurance policies are ever changing. We emphasize that, as healthcare providers our relationship is with you, not your insurance company. We will do our best to give you an estimate of what your responsibility will be, however, NO estimate is a guarantee of payment until the procedure is submitted as complete. In addition, you must realize that your dental insurance is a three way contract between you, your employer and your dental insurance provider. In some cases, we are a "Contracted Provider" meaning that we agree to certain fees and terms that your insurance company has presented to us. In the event your insurance company has not paid your account within 60 days, the balance may be transferred to your account. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy.

Most benefits will be verified before your insurance company can be billed.

Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary for our area. We would be happy to discuss our charges and how they relate to your particular situation. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

APPOINTMENT POLICY

When time is reserved for you within our schedule, it is exclusively for you. We begin preparing for your treatment in advance of your arrival. Some procedures require that we call our lab in advance and let them know there is a case to be picked up that day. A pattern of late arrivals, cancellations (less than 24 hours) or failed appointments are disruptive to our schedule and other patients. In order to maintain our schedule we request 24 hours notice for cancellations or rescheduling of appointments. In the instance of a late cancellation (less than 24 hours notice) or failure to keep a scheduled appointment, a fee of \$25.00 per scheduled appointment will be assessed. Each violation of our appointment policy is tracked by patient name in our computer system. After the 3rd policy violation you may be dismissed from our practice. We ask that you make every effort to give us at least a 24 hour-notice if you cannot make your scheduled appointment. It is our policy to charge any patient for a broken appointment. When you give us 24-hour notice, your reserved time can be made available for another patient.

Thank you for understanding the value of our cancellation policy to each of our patients.