



Financial Policy

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our FINANCIAL POLICY, which we require you read and sign prior to any treatment along with our demographic form, health/dental history forms.

- **FULL PAYMENT of your estimated portion of treatment fees** is due at the time of service unless prior arrangements have been made. We accept cash, checks, Visa, Mastercard, Discover, American Express, CareCredit and First Financial third-party financing.
- **INSURANCE** : Your insurance policy is a contract between you and your insurance company. Our treatment recommendations are not determined by your insurance coverage. We file your insurance as a courtesy. We may accept assignment of insurance benefits. However, we do require at least your estimated portion to be paid at the time of service. If after pending insurance pays there is still an outstanding balance, the balance is your responsibility. *(We can only file and accept insurance if we have your correct information - it is your responsibility to keep us up to date on your insurance coverage).* Please be aware of limitations that may define non-covered, reasonable and necessary fees, and or waiting periods as defined by your particular policy.
- **USUAL AND CUSTOMARY RATES:** Our practice is committed to providing the best treatment for our patients and our fees are usual and customary for OUR office. Our fees are based on the education of our staff, the high quality of materials and labs used, state of the art equipment used and procedures performed. Should you accept treatment, you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary fees or treatment.
- **IN AND OUT OF NETWORK BENEFITS:** Our office is considered out-of-network with all insurance companies. You are responsible for understanding the terms of your policy as relates to in and/or out of network providers.
- **SECONDARY INSURANCE:** Having more than one insurer does not necessarily mean that your services are covered at 100%. Secondary insurers will pay as a function of what your primary carrier pays. We may bill your secondary carrier as a courtesy. You are responsible for any balances after your insurance(s) has made payment.
- **MISSED APPOINTMENTS:** Our office tries to accommodate our patient's schedule. We try very hard to be considerate of your time and hope that you would do the same for us and your fellow patients. Appointments are by reservation only and we request cancellations to be at least 48 hours in advance. No shows and cancellations with less than a 48 hour notice will result in a \$75.00 charge. Should a no-show or cancellation happen a second time with less than 48 hours' notice, patients must make a non-refundable pre-payment for services before scheduling appointments. Please help us serve you better by keeping scheduled appointments.

Thank you for reading our Financial Policy. Please let us know if you have any questions or concerns. I have read, understand and agree to this Financial Policy.

Signature of Responsible Party

Date