

Office Financial Policy

We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile with respect to your budget. We make every effort to keep down the costs of your dental care. In fact, recent studies have shown our fees to be at, or below both the regional and national averages.

To insure that this trend continues, it is the policy of this office that payment, in full, be made at the time treatment is rendered. This payment can be made via cash, check, or Mastercard/Visa/American Express. Rebilling fees will be assessed all past due accounts. For those people who desire a monthly payment plan, we have made arrangements with CareCredit for interest-free loans. Applications are available at this office.

For those people receiving prosthetic treatment (e.g., crowns, dentures, etc.), a payment of fifty percent (50%) is required when treatment is initiated, and the balance to be paid on or before treatment is completed.

For those who have the benefit of a dental insurance policy, we will, as a courtesy to you, file to (electronically) and accept payment from the carrier. You are required to pay any deductible and co-payment at the time treatment is rendered. We will resubmit for any claim not paid after forty-five (45) days. **If your insurance payment is not received within seventy-five (75) days after the date of service, the entire balance is due from you and reimbursement can be obtained by you directly from the insurance company. No treatment will be rendered to any person (family) who has an insurance claim that is outstanding more than seventy-five (75) days.**

The range of dental benefits depends solely on what the plan purchaser wishes to offer to employees or members. Some plans may cover as little as 50% or as much as 100% of the fees for dental services. Some plans exclude certain types of services, while others cover a full range of dental services. Some plans base the amount of the benefit on a chart or schedule of fees arbitrarily developed by third party payers. Some plans have deductibles, yearly maximums, and **limits of reimbursement for specific treatments**. For this reason, **you may receive a lower percentage of the reimbursement level than indicated in your dental plan**. The type of treatment that you need and receive from me is based upon my professional judgment and your desires, not your dental benefits plan.

Please remember that the financial obligation for dental treatment is between you and this office, and that you are responsible for any portion of the fee not covered by your dental benefit plan. The third-party payer is responsible to you and not this office.

As a convenience, we attempt to confirm every appointment. Office policy states that a broken appointment is any appointment cancelled or rescheduled with less than 24 hours' notice, or failing to show within 10 minutes of your scheduled time. Therefore, broken appointments will be charged a \$50.00 fee and this must be paid prior to scheduling any other appointments. We understand personal emergencies do happen. If you have special circumstances that you feel we should be aware of, please let us know.

Please feel free to contact us, should you have any questions.

Patient signature _____ Date _____