Patient Treatment and Financial Policy

Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the highest quality lifetime dental care, so that you may attain optimum oral health.

The following is a statement of our Financial Policy, which we require that you read, agree to and sign prior to any treatment.

Do you have insurance?

- As a courtesy to you, we will help you process all of your dental claims. Please understand that we will provide an insurance estimate to you; However, it is not a guarantee that your insurance will pay exactly as estimated. Insurance coverage is subject to limitations, exclusions, waiting periods, frequency, age restrictions, deductibles and maximums which are your responsibility. Please contact your insurance company for a detail of your benefits. Your insurance company and your plan benefits ultimately determine the amount paid. We will do all to ensure your estimate is as accurate as possible. Your estimate insurance benefit may differ due to a number of reasons, specifically related to your plan.
- All charges you incur are your responsibility, regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, <u>not</u> with your insurance company. Your insurance policy is a contract between you and your insurance company. Our office is not a party of that contract.
- Our practice is committed to providing the best treatment for our patients and we charge what is usual
 and customary for our area. You are responsible for payment regardless of any insurance company's
 arbitrary determination of usual and customary rates.
- We ask that you sign this form and/or any other necessary documents that may be required by your insurance company. This form instructs your insurance company to make payments directly to our office. I authorize the release of any information concerning my (or my child's) health care advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits.
- We ask that you pay the deductible, co-payment and co-insurance which is the estimated amount not covered by your insurance company, by cash, check, MasterCard, Visa, American Express and Care Credit <u>before</u> we can schedule your appointment.
- Insurance payments are ordinarily received within 30 60 days from the time of filing a claim. If your insurance company has not made payment within 60 days, we ask that you contact your insurance company to make sure payment is expected. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.
- We will cooperate fully with the regulations and request of your insurance company over any claim.

Minors Accompanied by Parent or Legal Guardian:

The parent or legal guardian accompanying a minor, who has consented to treatment is responsible for entire payment before we schedule appointment.

Minors Unaccompanied by Parent or Guardian:

Will be denied treatment if the parent or legal guardian is not present in the office during procedure. That will result in a broken appointment and the account will be charged \$75.