

OFFICE FINANCIAL POLICY

We strive to provide and maintain a good doctor-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to focus on our primary goal of providing exceptional dental care. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

1. On arrival, please check in at the front desk. Please let us know if there have been any changes to your address, phone number, email or dental insurance.
2. If you do have or if you do not have dental insurance, payment for an office visit is expected at the time of service, unless other arrangements have been made as outlined below.
3. Regardless of any payment arrangements, according to your insurance plan, you are responsible for any and all co-payments and deductibles, which are to be paid at the time of service and not after insurance payment or reimbursement.
5. We will file all insurance information electronically for you, and your insurance company should have your claim within 24 hours of the service being performed so that your insurance company will reimburse you quickly.
6. If due to financial difficulty you are unable to pay for treatment at the time of service, it is your responsibility to let the receptionist know this prior to your appointment so that a payment plan can be created for you. A credit card will be required to be kept on file, or a third party credit application from *Care Credit* will need to be completed. If you wish for us to accept your insurance benefit, to ease up front costs, please review this with the front desk staff so that we have it noted in our system. You will be asked to pay the expected co-pay amount in full upon treatment completion and you will be billed any difference if necessary later. Please be aware even if we accept assignment of benefit on your behalf that many times the insurance company will reimburse you directly. If you have made arrangements for us to be reimbursed, please sign over the check from the insurance company to our office and we will credit your account. If after 30 days of your visit to our office the charges continue to appear on your monthly statement, please call your insurance carrier to inquire. At this point, the outstanding balance will become your responsibility.
7. Any procedure that requires the use of a dental laboratory must be at least 50% paid for, or a payment plan must be created, before the case will be mailed to the lab.
8. Because we have long appointments with our patients, we require 48 hour notice for any cancellations.
9. Not all services provided by our office are covered by every plan. Any service determined to not be covered by your plan will be your responsibility.

*Thank you for understanding in these matters.*

I have read and understand the office financial policy and agree to accept the responsibility for any payment that becomes due as outlined previously.

Patient Name(s): \_\_\_\_\_

\_\_\_\_\_  
Responsible party member's name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Responsible party member's signature

\_\_\_\_\_  
Date