

FINANCIAL POLICY

PLEASE READ BELOW FOR DETAILED INFORMATION ON OUR PRACTICE'S FINANCIAL POLICY

INSURANCE

Much confusion exists regarding dental insurance payments. Your dental insurance plan is a contract between **you and your insurance company**. Because the terms of all plans and policies differ, you should be familiar with the specific terms of your policy. Although the filing of insurance claims is a courtesy that we extend to our patients to facilitate their prompt reimbursement, please understand that the payment of all fees is your responsibility.

Our office does not participate with all insurance plans, however we do file with all insurance companies on your behalf. Our patients are, however, responsible for any **ESTIMATED** co-payment and amounts not covered by their insurance plan at the time services are rendered. If your copay is underestimated, you are **ALWAYS** responsible for the remaining balance on your account.

COLLECTIONS

Accounts without a payment agreement that have a balance over **60 days** will be considered overdue. These accounts are due immediately, regardless of insurance status. Returned checks will be subject to an administration fee of \$30. The patient, parent and/or guardian shall be responsible for payment of all procedures performed in this office, including any treatment not covered by any dental insurance. Any account more than **90 days** overdue will be sent to a collection agency. These accounts will be subject to an additional 30% of the overdue balance in order to cover the costs incurred by the collection agency

CONSENT

I certify that I have read, understood and agree to the terms. I understand I am able to request a copy of this financial policy at any time.

Patient Name (*print*) _____

Patient Signature (*or guardian*) _____

Date _____