

Financial and Authorization Policy

In order to establish optimal relationship and avoid misunderstandings and confusion regarding our policies, our staff is trained to consistently inform you of the financial payment policies of this office. Payment is required in full at the time services are rendered unless you are covered by an insurance company which Cypress Creek Dental participates. I understand that my insurance will be pre-verified, and I will be asked to pay all non-covered services, deductible amounts and co-pays at the time of service. We accept payment in the form of cash, check, Care Credit financing, or credit/debit card.

Prior to any services rendered, a treatment plan will be given to each patient. The treatment plan is only an **estimated** amount of payment expected from your insurance company according to your insurance plan benefits. **The estimated portion is due in full when services are rendered.** If for any reason your insurance denies any portion of your submitted treatment, you will be responsible for payment within 30 days after statement date.

I understand that failure to make payment when due is the basis for legal action and agree to pay any and all cost of collection, including attorney fees.

I authorize and request that payment by an authorized insurance company may be payable to Cypress Creek Dental.
Responsibility for Non-Covered Services:

As your health care provider, we at Cypress Creek Dental, wish to provide our patients with the best care possible. There may be services that we feel necessary for the maintenance of good health that are not covered by your insurance company. Your signature below verifies your agreement as the patient or responsible party of the patient to pay for those services.

We greatly value your time and strive to see every patient at their allotted appointment times. In order to best serve all our patients to the best of our abilities please arrive at your appointment on time. Also, we require a 24-hour notice for a cancelation or change in appointment times. There is a \$25 missed appointment fee for missing your appointment or canceling the day of your appointment.

I have read the financial policy stated above and agree to all terms.

Signature: _____ **Date:** _____

DENTAL INSURANCE

I understand it is my responsibility to know what my plan does and does not cover. **Our Best Advice – Be Informed!**

- **Know Your Plan:** We do our best to give you as much information as possible, but your plan could be different than any of the other plans we have seen. Each employer provides something just a little bit different for their employees.
- **Deductible/Co-pay:** Most plans have a deductible or co-pay amount that the insured must pay before an insurance company will pay a claim.
- **Special Clauses and Limitations:** Some plans have special clauses in them where they do not cover certain procedures. Before having treatment done, it is always best for you to call the number on the back of your insurance card to know how your specific plan covers that treatment.
- **Waiting Periods:** Dental plans often apply a waiting period before certain services are covered. Waiting periods range from 6 to 12 months.
- **Yearly Maximums:** Even though your plan might cover a certain procedure (like a cleaning), if you have reached your yearly maximum for your plan – they will not pay any more money toward any treatment.

I have read and understand the above statements regarding my dental insurance and will be active in knowing my insurance plan and limitations it may have. I also understand that I am responsible for fees from services rendered that my insurance denies or does not cover completely.

Signature: _____ **Date:** _____

AUTHORIZATION CONSENT

I authorize Cypress Creek Dental to send text messages, emails and recall cards for appointments and follow-ups. I can opt out at any time by calling 256-766-2606.

Signature: _____ **Date:** _____