

BELL DENTISTRY FINANCIAL POLICY

Our primary goal is not to allow the cost of treatment to prevent you from benefiting from the quality care you need or desire. We will strive to maximize your insurance and make any remaining balance easily affordable.

INSURANCE:

We will submit insurance claims as a courtesy to our patients. Please understand that each patient is responsible for the cost of services rendered. Your insurance policy is a contract between you, your employer and the insurance company. We are **NOT** a party to that contract. Our financial relationship is with you, not your insurance company.

- All charges are your responsibility. If the insurance company does not pay the full amount anticipated, the patient is responsible for the difference
- If the insurance company does not pay their portion within 30 days, we will ask that you contact the insurance carrier.
- If the insurance company does not pay within 60 days, you will become responsible for the balance and you will need to pay in full with cash, check or credit card.
- Your estimated patient portion will be due at the time of service. We will do our best to *estimate* insurance coverage and patient portions due; however, *we cannot guarantee any estimated coverage.*

PATIENT PAYMENT:

- Payment is due at the time services are rendered unless a signed financial arrangement has been made.
- **We offer a 5% discount for all treatment paid in full day of service with cash or check only.**
- We accept the following: Cash, Check, and Credit Cards, we also offer *Care Credit*, a 3,6 or 12-month interest free payment program.
- Balances over 60 days will incur an interest charge of 1.5% per month
- Balances over 90 days will be turned over to a collection agency for the collection of the balance.

Print Patient Name

Signature of Patient or Responsible Party

Date