



## FINANCIAL POLICY

- **We will inform you of the fee** for your upcoming treatment, diagnostic evaluation, or scan
- **Payment is due at the time of your visit.** Acceptable forms of payment are: cash, checks, credit, debit, and CareCredit.
- **This office does not offer extended billing or monthly billing plans\*.** Balances over 60 days are subject to an 18% APR finance charge.  
\*For patients who qualify, 12 month deferred interest payment plans are available through Synchrony Bank. Ask a staff member for details or visit [www.carecredit.com](http://www.carecredit.com) for pre-approval.
- Open account balances over 90 days may be sent to an outside collection agency, and are subject to credit bureau reporting and an additional \$25 collection fee.

## FOR THOSE PATIENTS WITH INSURANCE:

- We are pleased to assist you by filing your insurance claim for you. **We will file insurance claims for any Dental Insurance plan**, but we may not be contractually obligated to adjust our fee to your insurance company's arbitrarily determined fee allowance.
- **You will be responsible for the difference between what the insurance pays and our fee for service.**
- Dr. Morant is a contracted provider for **Delta Dental Premier Network**.
- **It is your responsibility to provide accurate, complete, and up-to-date insurance subscriber information.**
- We will do our best to estimate and inform you of your "out-of-pocket" cost using the information you have provided. **This is only an estimate**, made with the information provided, with the tools we have access to, on this day, and is not a guarantee of payment by any insurance company. Estimates are subject to change. If you require a more specific determination of your insurance benefits **we recommend filing a pre-estimate with your insurance company**. This can take anywhere from a few days to several weeks for us to receive.
- **You are responsible for paying the out-of-pocket estimate at the time of your visit.**
- If your insurance company has not paid your claims within 45 days, then you will be billed for the full amount of the open balance. If you feel you have been billed due to an error in processing your claim, please contact us immediately and we will make an attempt to resolve errors in claims filed on your behalf. Regardless of insurance claim status, if we are unable to resolve errors after 45 days, the unpaid balance becomes your responsibility and is subject to applicable interest charges. Please be aware that our ability to file, amend, or appeal claims expires 12 months after treatment.

I \_\_\_\_\_ (print name) have been informed of the fees and I accept responsibility for payment at the time of my visit and any remaining amount my insurance company does not pay. I have read and understood the financial policy above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Patient's Name (if a guardian or guarantor is signing for a patient)