



## FINANCIAL POLICY

Patient/Parent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Thank you for choosing Hometown Family Dental as your dental healthcare provider. We are happy to have you as our patient and look forward to offering you and your family the finest dental care available.**

**Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.**

**The following is our Financial Policy. Please read, agree to, and sign prior to any treatment.**

### Insurance

Dental insurance plans are welcome. If you have dental insurance, we will make every reasonable effort to help you maximize the dental benefits that you have already paid for. Our business staff will be glad to assist you in receiving your dental benefits, so always bring your insurance information with you. Please recognize, however, the insurance agreement is between you and your employer. The final responsibility for payment is yours.

Our goal is to help you maximize your dental insurance benefits. We emphasize as dental care providers, our relationship is with you, and not your insurance company. While filing insurance claims is a courtesy which we extend to all our patients, all charges are your responsibility from the date the services are rendered.

In order for us to submit your dental insurance claim on your behalf:

- A signed and dated insurance authorization from is required each year in order for us to submit your claim to your insurance carrier.
- Eligibility verification is required prior to commencement of all major treatment.

Regardless of coverage, ***your estimated co-payment is due in full the day of treatment.*** Our financial coordinator is available to discuss your estimated insurance coverage, annual maximum, deductible, and make financial arrangements if desired. If your dental plan does not pay within 60 days of treatment, you must pay any outstanding balance and seek reimbursement from your dental plan. If your dental plan pays more than expected, you will receive a refund check. Also, ***remember that dental plans are not designed to cover all your dental needs.*** Rather, the amount your dental plan contributes towards your dental care is based on the plan selected and purchased by your employer.

### Payment Options

***Payment is due at the time of service.*** We accept cash, check, Visa, Mastercard, or Discover. For payments in full on the day of service when treatment plans are \$2,000 or greater, we offer a five percent (5%) reduction of the total fee if payment is made with cash or check.

Third-party financing through CareCredit is possible if you would like to pay your balance over time. This option offers flexible, monthly payment plans which can be used immediately and provides benefits to you that we are not able to offer previously. These options range from revolving credit lines to fixed payment loans with interest up to 36 months for qualified patients. If you are interested in learning more about CareCredit, please let us know and we will be happy to assist you.

**Treatment Estimates**

All estimates for planned treatment and care are just that, estimates. Please understand should the need for additional treatment arise during the course of the original treatment plan, the fees could change. Be assured, we will notify you of fee changes and obtain your approval prior to proceeding with treatment.

**Past Due Accounts**

All monthly statements are due and payable upon receipt unless prior financial arrangements have been made. Patients with a delinquent account are liable for all costs incurred for collections of past due balances, including collection agency fees, interest, attorney fees, court fees, and all costs involved in litigation.

**Minors Accompanied by Parent or Legal Guardian**

The parent or legal guardian accompanying a minor, who has consented to treatment are responsible for full payment at time of service.

**Unaccompanied Minors**

The parent or legal guardian is responsible for full payment at time of service. Treatment consents and payment arrangements with the parent or legal guardian must be made prior to appointment or non-emergency treatment may be denied.

**Divorce**

In the case of divorce or separation, the parent authorizing treatment for a minor will be the person responsible for the subsequent charges. If the divorce decree requires the other parent to pay all or part of treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

**Patient/ Parent Name Printed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient/ Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Responsible Party)*