

Financial Policy

PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT

- Every effort will be made to provide dental treatment that best fits your time and budget, and give you the best possible dental care.
- We accept cash, personal checks, all major credit cards, debit cards, Care Credit, and HSA cards.
- We offer split payments (non insured patients and some exceptions). Ask the front desk if you are eligible!

Office Policy Regarding Dental Insurance

We do call and receive all your dental insurance information before the day of your appointment. **PLEASE UNDERSTAND** that we file your dental insurance claim **AS A COURTESY** to you. Your dental insurance is required to respond to each claim within 30 days of receipt. We file most insurance electronically, so your insurance company will typically receive each claim within days of treatment. You will be responsible for any balance on your account after 30 days, whether insurance has paid or not.

INSURANCE RARELY PAYS 100% OF ALL PROCEDURES

Dental insurance is meant to be an aid on receiving dental treatment. Many people think their insurance pays 100% of the dental fees. **This is not true!** Most plans pay between 50% and 80% of the contracted rates. Some pay more, some pay less. The percentage paid is normally determined by how much you, or your employer, have paid for coverage, and the type of contract or fee schedule that was set up with the insurance company. The amount your insurance will pay is also affected by any pending claims from other dental offices, which have not yet been processed by your insurance company.

MANY DENTAL SERVICES ARE NOT COVERED BY INSURANCE

We will work to assure that you receive the insurance benefits you are entitled to under you plan; however **you have an obligation to monitor your own insurance.** *Regardless of the reason, if the insurance company fails to pay within 60 days of the date the claim was filed; any balance remaining on the account will be your responsibility to pay.* Rest assured; we will do everything in our power to obtain the maximum benefits for you.

By signing below, you understand that payment, or arrangement for payment is required on the date of service. You understand that YOU ARE RESPONSIBLE for any balance not paid by your insurance.

Signature _____ Date _____