

**Complete Family Dental**  
**Financial Policy**

Please read and sign. A copy will be given to you upon request, and a copy scanned into your chart. One signed policy will be done per year per family. Payment in full is expected at your appointment before being taken back to the room for treatment for your estimated portion or copay. You may pay by cash, credit card, care credit, or spring stone. **We do not accept checks unless specified otherwise by the Office Manager.** You will be required to pay your portion in full if you do not carry insurance, and we will offer you a discount as a non-insured patient. The estimated portion for insurance patients is only a guideline until the final insurance payment is received and the patient's account is reconciled. Any difference owed for dental services will need to be paid in full upon notice within 30 days. If there is a credit due, it will be posted to your account unless we notified that you want reimbursement. This office makes no guarantee of the insurance payment as estimated. You will also need to cover your yearly deductible if it has not been applied to previous dental work. Any major treatment that is needed or wanted may require a deposit before the dental work is scheduled due to the amount of time being reserved for your appointment.

We will file your claim with your insurance company as a courtesy to you to prevent a large amount of out-of-pocket at the time of service. We are not obligated by any reason to do so, and we do not involve ourselves with your insurance company beyond that. We may file a single appeal on your behalf at our discretion if the insurance denies any claim for any reason, but beyond that you are responsible for paying your account and following up with your insurance. Your dental insurance is an agreement between you and your employer, and any coverage is according to your group policy. We do not let the insurance dictate the Doctor's proposed treatment, and please understand that you may have needs outside of your insurance. The Doctor recommends what he feels is the best treatment for your dental health. If you have a PPO insurance that we are contracted with, we will follow the PPO fees for any covered service by your insurance, beyond that we will charge our house fees, unless otherwise noted by our discretion. Reasonable and customary fees as indicated by insurance companies do not exist. These fees are what non-PPO insurance companies' makeup for themselves and they base a payment off a percentage of these fees and not the Doctor's fees.

Patients will be given an appointment card for their next dental visit. A 48-hour notice is required if your appointment needs to be changed, or 48 hours for any appointment over an hour, or a broken appointment fee will be charged. \$50 for a hygiene appointment, \$100 per hour for any treatment appointment. We will excuse one missed appointment per family, beyond that will be at our discretion and emergency situations.

By signing this you authorize the assignment of any insurance benefits to Complete Family Dental and agree to be liable for the payment of all dental services performed, and/or missed appointment fees as noted above not paid by insurance. You also agree to pay any interest or added fees for prolonged balances on your account. You also agree to pay all collection costs, and reasonable attorney fees in the event this account or any future account is turned over to collections.

This financial policy may be changed by the Doctor and staff with notice to you. The policy is deemed applicable to each individual.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to patient \_\_\_\_\_