



FINANCIAL POLICY

Payment Arrangements

Thank you for choosing us as your dental care provider. We have found that a clear understanding of our Financial Policy in advance of dental care helps to relieve some of the anxiety associated with dental visits. It is very important to us that we establish the kind of relationship with you that provides the very best of care in the most pleasant environment. It is key that you clearly understand our financial policy and know that we will be happy to answer any questions you may have.

In order to make financial arrangements for your treatment, we offer several flexible options:

- Cash, Check, Visa, MasterCard, Discover, American Express
- Deferred interest payment plans- upon credit approval with CareCredit
- Pre-Payment Discounts
- Denvantage

For unaccompanied minors, we ask that financial arrangements be made prior to the day of their appointment.

Patients without Insurance

The fees for the treatment rendered will be paid in full on the day of service.

Patients with Insurance

Your estimated patient portion must be paid at the time services are performed. As a service to our patients, we will submit your insurance claims for you, and accept assignment of insurance benefits from your insurance company. We will allow 45 days for them to render payment.

After 60 days, you are responsible for the entire balance to be paid in full. When payments are assigned to the patient, the fees for the treatment rendered will be paid in full on the day of service. To allow for timely filing of your claims, please notify us of any changes in your insurance policy.

If you have an employer who offers dental benefits please remember that those benefits are negotiated between your employer and your insurance company. We do not have control over the benefits that have been offered to you by your employer. Your dental benefits are only

meant to assist you in financing your care. If you have any questions regarding your plan you must contact your human resources department or insurance company directly.

We will estimate your insurance coverage and your portion due for treatment. **As this is an estimate only, you may have an additional balance due or you may have a credit balance;** which you may keep on your account for future treatment or request a refund. Our office is committed to helping patients maximize their benefits, but insurance policies vary greatly, and our office deals with hundreds of insurance policies. Therefore, owing to the complexity of insurance policies, we can only estimate in good faith, not guarantee coverage; the Account Holder is ultimately responsible for their own insurance.

It is very important to note that the balance on the account is the responsibility of the Account Holder regardless of the insurance policy's coverage.

Missed Appointments

Please help us serve you and all our patients best by keeping your scheduled appointment; as this time is reserved exclusively for you. If it is necessary to reschedule an appointment, kindly give us a two business day notice in order to avoid a \$40 fee.

Returned Checks

We will charge the fee imposed on us by the financial institution(s).

Shared Parental Rights/Divorce/Guardianship

In situations of divorce or guardianship, we require a copy of the court document that specifies who has rights regarding medical decisions.

Payment is due at time of service by the accompanying adult regardless of whom the court has ordered to pay medical and dental bills. We will gladly provide a copy of all transactions to ease reimbursement amongst all parties involved.

Treatment Requiring Medical Insurance Coverage

When dental services are rendered that may be covered under medical insurance (ie. Wisdom teeth removal, trauma, sleep apnea etc) we will assist in the submission to the responsible medical insurance company. Since this type of reimbursement is extremely variable and unreliable, the **total** fee is due at time of service. Options such as Care Credit are available to bridge the payment gap.

Financial Consent

The patient/account holder agrees to be fully responsible for total payment of treatment performed. I understand and agree to this Financial Policy.