

Financial Arrangements

We are committed to providing you with the best possible care. If you have dental or medical insurance we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered. We accept cash, check and all major credit cards. We also accept the Care Credit plan. We will be happy to process your insurance claim. Any such request must be accompanied by a completed insurance form and any updates each visit.

Returned checks and balances older than 30 days will be subject to a \$25.00 charge and additional collection fees. Charges may also be made for broken appointments and appointments cancelled without a 24 hour advance notice.

We will gladly discuss your proposed treatment and answer any questions relating your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (such as 50% or 80%) of "U.C.R" is defined as usual, customary, and reasonable.

This statement does not apply to companies that reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.

3. Not all services are a covered benefit in all contracts. Some insurance companies that reimburse base on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
4. You will be fully responsible for any balance not paid by insurance 60 days after your claim has been submitted. You will receive a bill from us showing the outstanding balance. We will be happy to provide any documentation to help assist you in collecting reimbursement from your insurance company directly.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

Lastly, I agree to be responsible for payment of all services rendered on my behalf or my dependents. I understand and agree that I am responsible for any portion of my bill that my insurance company does not pay within 60 days of claim submission. I understand payment is due at the time of service. In the event payments are not received by agreed upon dates, I understand that a 1.5% late charge (18% APR) may be added to my account. I will be responsible for any and all charges applied by the collection agency if this account must be turned over to collections.

Patient/Parent/Guardian _____ Date _____