

Office Financial Policy

Thank you for choosing us for your dental treatment. Please read our office financial policy, then sign and date the bottom of the page as confirmation of your understanding of our policy.

For patients with dental insurance coverage, the following information applies:

As a courtesy to you, we will submit a claim to your primary insurance company once you have supplied us with all of your insurance information. Please be aware that your dental insurance policy is a contract between you, your insurance company and possibly your employer. We are not a party to that contract and cannot accept the responsibility of your claim. It is your responsibility to know your dental insurance coverage.

We will collect your deductible and your estimated copay at your treatment appointment. _____

initials

Your particular plan may not cover some of the dental services necessary for your treatment. Since most insurance policies do not cover services 100%, a portion, and perhaps all of your charges may be payable at the time of service. Reduction or rejection of a claim by your insurance company does not relieve the financial obligation you have incurred. We are happy to submit your claim with copies of your x-rays and treatment notes at no cost to you. However, we are unable to negotiate any unpaid claims. Payment by your insurance company should be received within 30 days of your dental visit. At that time the balance of your account will become due. We will bill you your balance once we receive payment on a claim. For accounts past 60 days, there will be a finance charge of 1.5%. The accounts which remain unpaid over 90 days will be considered delinquent and may be turned over to our collection agency.

If your dental insurance plan does not accept assignment of benefits, then full payment is due when services are rendered. We will submit your dental claim on your behalf, and your insurance company will send payment on your claim directly to you. (Examples of these dental insurance plans are Delta Dental of PA and United Concordia.)

With the help of the internet, we are able to access your dental plan coverage benefits, limitations, and eligibility requirements. We encourage you to visit your dental insurance company website and learn all that you can about your coverage.

For patients with no dental insurance coverage, payment is due when services are rendered.

Cancellation and Returned Checks Policy A 48 hour notice is requested when cancelling and/or rescheduling appointments. If an appointment is not kept or cancelled in less than 48 hours, we may charge a cancellation fee of \$50.00/ hour. Returned checks will incur a \$40.00 processing fee. _____

initials

I have read and understand the above financial policy and accept responsibility for payment of services rendered. I understand that I am responsible for any amount not covered by my insurance. If any legal action is required to collect any unpaid balances, I agree to absorb the cost of all such expenses (collection agency fees, attorney fees, etc.).
**Please note, the parent or guardian who signs this agreement will be responsible for the account.*

Signature of Patient or Guarantor

Date