

Information about Payment and Insurance

Thank you for choosing us as your dental health provider. We are committed to providing you with the best possible dental care at the lowest possible cost. In order to achieve these goals we need your assistance, and your understanding of our payment and insurance practices.

Payment Arrangements

Full payment for professional services is **due at the time of service**. X _____. We accept cash, checks, and major credit cards. With prior approval, we also offer a choice of interest-free or extended payment plans to qualified applicants through our financial partner, Care credit. Please ask us in advance of your treatment if you are interested in applying for Care Credit.

Regarding Insurance

If you have dental insurance coverage, we will be glad to help you receive your maximum allowable benefits and will file the claim for you as a courtesy. In most instances we will accept assignment of insurance benefits; however, we reserve the right not to accept assignment of benefits from insurance carriers that our experience has shown reimburse on an un-timely basis. **If we do accept assignment, all co-payments are due at the time of service. Should your carrier pay less than what was expected, deny the claim, or pay you directly you will be responsible for payment of the balance.** X _____. **Your insurance is a contract between you, your employer and your insurance company.** Hence, the insurance company is responsible to you and you are responsible to us. Many times claims will take up to 30 days to be paid to us. If our efforts to collect insurance payment are unsuccessful, you will be asked to assist us in resolving the problem. **If your insurance company has not paid your account in full within 45 days, you will be held responsible for the balance.**

Usual And Customary Fees

Please be aware that few insurance companies attempt to cover all dental costs. Many dental insurance plans set limits for fees or maximum allowable amounts for services which they indicate they will pay 100%. These are referred to as *usual and customary fees*. It is important to note that these fees may not reflect the "usual customary fee" for our area, but are more of a limit of a limit the insurance carrier places on its liability. If these fees are less than our fees you will be responsible for the difference.

Treatment Estimate and Insurance

Based on the information we receive from you, your insurance carrier, or benefit information we may have on for your employer, we will give you a treatment estimate on what you can anticipate your co-payment to be. **Please understand that these are only estimates.** Granite Family Dentistry does not presume to act as a representative of your insurance carrier. If you have a large treatment plan and would like us to submit a pre-treatment estimate to your insurance please ask us. This is still not a guarantee of benefits but is more accurate. We will not know the benefit amounts available until actual payment from your insurance carrier is received.

White fillings(bonding)

White fillings on posterior (back) teeth may or may not be covered by your insurance. Some insurance companies may only pay a silver filling benefit which means that you **may have a higher out-of-pocket expense**. The estimate we give you is our best attempt at discerning what they may pay. Whatever the case, you are responsible for payment of the balance. X _____.

YOUR APPOINTMENT IS CONSIDERED CONFIRMED WHEN YOU MAKE IT. WE WILL TRY TO REMIND YOU WITH A COURTESY CALL 2 DAYS IN ADVANCE. MISSED APPOINTMENTS OR CANCELLATIONS WITH LESS THAN 48 HOURS NOTICE ARE SUBJECT TO A \$50 FEE. AFTER 2 MISSED/CANCELLED APPOINTMENTS WE REGRET WE WILL NOT BE ABLE TO SHEDULE YOU AGAIN. X _____.

Signature _____

Date _____