

## Design Dentistry Office Financial Policy

We realize that every person/s financial situation is different. For this reason, we have worked very hard to provide a variety of payment options to help you receive the dental care needed to enjoy a healthy and confident smile.

### Dental Insurance

As a courtesy to you we are happy to file forms necessary to see that you receive the full benefits of your coverage: however, we cannot guarantee any estimated coverage. **Unless prior arrangements are made you will be expected to pay the percentage of your responsibility as services are performed.** Please keep in mind that you have a maximum coverage per year and we can only *estimate* your portion, your insurance will not give us access to exact dollar amounts. We ask that you understand we neither work for the insurance companies, nor do we wish to. We work 100% for **YOU**. Our office does not diagnose, render treatment or establish fees according to any insurance tables or allowances. Office fees are based on care, skill and judgment of the professionals delivering the services, and by the cost of operating a dental office dedicated to excellence. If there is a dispute over your insurance we will provide information to support the necessity for treatment, which may assist you in recovering your benefit. If your insurance denies the claim or services, your account balance will become your responsibility.

### Payment Options

**Cash/Check/Debit/Credit Card:** For your convenience, we accept most major credit cards.

**Payment Plan:** For patients who desire a monthly payment plan, we have made arrangements with **Care Credit**, there are no application fees or down payments and can be arranged interest free. Applications are available from our office or you can apply online at [www.CareCredit.com](http://www.CareCredit.com)

It is our firm belief that all patients who come to our office want and deserve the best dental care that can be provided. Dr. Rutman and Dr. Taylor's goal is to provide excellent service at a fair fee. Payment is due at the time professional services are provided unless other financial arrangements have been made in advance with our office.

Please sign below to indicate that you understand our policies and wish for us to accept the assignment of benefits from your insurance company.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_