

FINANCIAL POLICY

Thank you for allowing us to be your dental health care provider. Please take a moment to read our financial policy. Let us know if you have any questions.

- 1) **Payment is due at time of service.** We accept cash, checks, debit cards, and credit cards.
- 2) For those patients **without** insurance, who pay the **full treatment** fee with check or cash for treatment totaling more than \$1000 **prior** to their first treatment appointment, we will refund our bookkeeping and billing cost to you. This savings to you represents 5% of the total fee. If you choose to pay in full with a credit card a 3% bookkeeping cost will be refunded.
- 3) **Term Loan:** By arrangement with Care Credit or Chase Health Advance, we offer our patients, upon approval, an interest-free term loan (up to 12 months) with no down payment, no annual fee, and no prepayment penalty. Please ask for an application.
- 4) Accounts over 90 days will be subject to further action. In the event that it becomes necessary to enlist a collection agency and/or legal services to collect your balance, you will be responsible for any fees up to 35% or the maximum allowed by law.

DENTAL INSURANCE

- 1) Your insurance plan is a contract between you and your insurance company. The benefits are based on the plan that your employer purchased. As a courtesy to you, we will assist you with processing your insurance claims.
- 2) Please understand that we will provide you with an **estimate** based on the information that we obtained from your insurance company. All policies have exceptions, limitations, and alternate benefits. Your insurance company will not guarantee coverage; therefore, we cannot guarantee what your insurance will cover/pay.
- 3) Ultimately, your insurance company will decide the benefits paid. We will do our best at providing you with the most accurate **estimate**. Please be informed that insurance varies from one company to another and policy to policy. It is *impossible* for us to know every detail of your insurance. We can send for a predetermination from your insurance company, if you would like a more accurate estimate. This usually takes 4-6 weeks for a response.
- 4) We treatment plan according to your dental needs, not what your insurance will pay.
- 5) Anything not covered by your plan is your responsibility. If we have not received any insurance payment within 60 days, your balance is due in full.
- 6) We are PPO providers only.

CANCELLATION POLICY/BROKEN APPOINTMENTS

Every effort is made to keep on schedule so we can respectfully ask patients to be prompt and honor their appointments. We will attempt to contact our patients prior to their dental appointment (either by e-mail, text or telephone) to remind them of the date and time, but please do not depend on this courtesy. If we are unable to reach you, your appointment card will serve as confirmation of your appointment and implies your intention to be present. Because this time has been reserved especially for you, we reserve the right to charge **\$35** for a cancelled or broken appointment without a **minimum of 24 hours** advance notice. If you have any questions regarding this policy, do not hesitate to ask our office manager. We believe that good communication is the key to excellence in healthcare. Thank you for your cooperation.

I have read and understand the Cooper Creek Dental Financial Policy as listed above.

Patient/Guardian Name: _____ Date: _____

Signature: _____