

## Financial Policy

To keep our fees as low as possible, payment is expected on the date services are initiated. In some instances, we may ask that you prepay for your dental services to reserve *special* appointment times. We will provide you with a written estimate of your financial investment prior to any treatment being rendered. Fees quoted are good for 90 days from the date of the estimate. Payment options are: Cash, Check, and Credit Card. We also offer low monthly payment options with Care Credit and CitiHealth.

### Special Information About Dental Insurance

We want to help you maximize your insurance benefits. Please remember, dental insurance does not always cover the cost of your treatment as anticipated. While dental costs have increased exponentially in the past 10 years, dental insurance benefits have remained relatively unchanged over the past 40 years. As a courtesy, we will attempt to obtain an *estimate* of your dental insurance benefits prior to services being rendered and will provide you with a copy of your estimate. This will give you a generalized overview of your coverage. Please keep in mind that there are hundreds of dental insurance plans available and every one has different contract exclusions, alternate benefit clauses, frequency limitations, and/or usual and customary guidelines. Because of this, ***we can never guarantee claim payments***. We do not allow insurance companies to dictate the course of treatment for our patients. Rest assured that we will recommend a treatment plan that is appropriate for your diagnosis regardless of what your insurance might or might not reimburse.

We are more than happy to request that your insurance benefits be sent directly to our office with your consent if your plan offers this service. Unfortunately, there are a few carriers that will not send payment to the provider, even when we request that they do so.

Dental insurance is a contract between the patient, the insurance company, and the employer and ***we are not*** a party in that contract. Ultimately, the patient is financially responsible for treatment costs. If insurance fails to pay benefits as anticipated, our financial policy requires that the remaining balance be paid in full within 30 days of the final billing date. In addition, any insurance claim aged over 60 days that has not been paid or denied by the insurance carrier will become the patient's responsibility. We reserve the right to add a service charge to overdue accounts. The service charge will be a minimum of \$5.00 and a maximum of \$25.00 each month that the balance remains unpaid.

*By signing below, I acknowledge that I understand and agree to The Dental & Implant Suite's financial policies. Even if I do not currently have dental insurance, I understand that the "Special Information About Dental Insurance" section applies to me should I obtain dental insurance in the future. I will promptly notify the business office with any changes in my dental insurance coverage and/or eligibility status. In the case of default of payment, I promise to pay any legal interest on the balance due, together with any collection costs and reasonable attorney fees incurred to effect collection of this account or future outstanding accounts.*

X \_\_\_\_\_

Signature of Patient or Guardian

Date