

## ***Riata Dental*** ***Financial Policy***

**W**elcome to our dental practice! We are glad to have you as our patient, and we look forward to the opportunity to meet your dental health needs.

**O**ur mission is to deliver the finest, most cost effective treatment available today. Please review and initial the following so that we can achieve our mission together!

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\_\_\_\_\_ ***PAYMENT***

Payment for services is due at the time services are rendered, unless specific arrangements are made in advance.

Payment may be made with cash, check, Visa, MasterCard, Discover, and American Express.

If treatment estimates exceed \$300, third-party payment contracts may be set up with you to facilitate your treatment plan. We offer CareCredit and Dental Fee Plan.

\_\_\_\_\_ ***INSURANCE***

As a *courtesy* to those patients who are covered by insurance, we will bill your insurance for you and accept the assignment of benefits. However, we want to emphasize that *our relationship is with you*, not your insurance company. All charges are your responsibility from the date services are rendered, and your patient co-payment is due at the time of service.

We will estimate your co-payment to the best of our ability, but the estimate is simply a guideline until the final insurance payment is received. If there is a remaining balance following insurance payment, this balance must be paid within 30 days of being billed by this office.

We strongly advise you to *become familiar with your specific insurance plan* and your covered benefits, as every insurance plan is different, and some routine procedures may not be covered, or may be limited to a certain frequency.

\_\_\_\_\_ ***BILLING CHARGES***

Account balances over 90 days will incur a billing charge of \$10 per monthly statement and will be subject to collection or legal action. The patient is responsible for all fees incurred, including but not limited to, reasonable collection costs, court and attorney fees.

\_\_\_\_\_ ***RETURNED CHECKS***

All returned checks are subject to a \$25 service charge.

\_\_\_\_\_ ***BROKEN APPOINTMENTS***

We try to schedule the Doctor's time *around our patients*, therefore we ask your consideration in calling if you are unable to keep your appointment. Although we do try to make *courtesy calls* to remind you of your appointments, you are ultimately responsible to keep track of your appointments in case we are unable to reach you. If an appointment is broken with less than 24 hours notice, an inconvenience fee may be charged.

Please feel free to ask any questions that remain unanswered either before or after treatment. We are here to help you!

\_\_\_\_\_  
Patient, Parent, or Guardian Signature

\_\_\_\_\_  
Date