

## FINANCIAL POLICY

Our office is willing to accept an *assignment of benefits from your insurance company* based on the following guidelines pertaining to insurance claims:

- Our office is willing to complete and submit insurance information forms; however, **this is a courtesy we extend to you in effort to save you time and to facilitate payment to our office from your insurance company.** By having our office process your insurance forms, it is important that you understand that this does not eliminate your financial obligation for your treatment.
- We require you to pay the estimated co-payment, which is the amount not covered by your insurance company, at the time we provide service to you. **Our estimates are subject to the final approval by your insurance company and could therefore change the amount due to our office.**
- Insurance payments ordinarily are received within 30-60 days from the time of billing. **If your insurance company has not made payment to our office within 60 days, we will ask you to pay the entire balance at that time.** You will be responsible for seeking reimbursement from your insurance company.
- Our office does not guarantee that your insurance company will pay for treatment you receive from our practice. We perform routine insurance billing procedures upon verification of coverage. However, if your claim is denied, you will be responsible for paying the full amount at that time.
- Our office will not enter into a dispute with your insurance company over any claim, although we will provide necessary documentation your insurance company requests, it is ultimately your responsibility to resolve any type of dispute over payments made or not made by your insurance company.

Our office wants our patients to be able to comfortably afford dental care. We have various payment options:

- Our office accepts cash, check, credit cards.
- We also accept Care Credit, a medical/dental credit card that can be applied for through our office. The qualification process is simple and we are more than happy to help you with getting approved for a credit line. For more information on this option please ask our financial coordinator.
- Returned checks are subject to a \$25.00 admin fee.
- All balances older than 90 days will be subject to collection action and fees. Payment of these fees is a patient responsibility.
- \$35.00 may be charged for any appointment missed or cancelled less than 24 hours in advance.

I HAVE READ AND ACCEPT TERMS AND CONDITIONS OF THIS ASSIGNMENT OF BENEFITS AGREEMENT. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO THE DOCTOR.

I have read the above conditions and agree to their content.

Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_