

## **FINANCIAL POLICY ABOUT FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE**

We are committed to providing you with the best possible care. If you have dental or medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services and/or co-payments is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. Co-payments are the percentage that the Insurance company won't pay, generally between 30-50% and will be asked for at the time services are rendered. We accept cash, checks, Discover, MasterCard, and Visa. We will be happy to process the claim to your insurance company.

Returned checks and balances older than 30 days may be subject to additional collection fees. Charges may also be made for failed appointments and appointments cancelled without 24 hours advanced notice.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not part of that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (such as 50% or 80%) of URC. URC is defined as usual, customary, and reasonable. This statement does not apply to companies that reimburse based on an arbitrary "schedule" of fees, or allowances, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that, as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment on your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

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**PATIENT SIGNATURE**

**DATE**

