

## FINANCIAL POLICIES AND PROCEDURES

Our goal is for you to achieve and maintain good oral health. Therefore, we treat you, the patient, and not your insurance company. Although there appears to be differences in philosophy between dentists and insurance companies: we provide treatment that is in the best interest of your oral health. We will use dental codes that correspond to the services rendered and will not alter them to satisfy the insurance.

On your behalf, our office will submit the claim to your insurance company for dental services rendered. However, **co-payments for dental services provided are the responsibility of the patient and are due on the date the treatment is completed (if under 18, the parents or legal guardian are responsible).**

**It is your responsibility to be familiar with your insurance policy.** Please make certain that you know what benefits are covered under your dental policy. You will want to be familiar with your benefit maximum, deductible, and the percentages of coverage. We realize that not all dental procedures are a covered benefit. We will attempt to use our knowledge and obtain coverage for all your dental procedures. Please remember that most policies **DO NOT** cover the entire amount of the services completed.

We will give you an estimate of your co-payment before treatment is rendered. This estimate may be altered by your insurance plan as it is subject to annual maximums, deductibles, waiting periods, etc...Since it is your insurance policy; it is your responsibility to be aware of your coverage. We will try to assist you in locating this information. However, regardless of an estimate you may have received, any difference between the total fee and the amount paid by the insurance company is your responsibility.

**IF YOU DO NOT HAVE INSURANCE, PAYMENT MUST BE MADE AT THE TIME OF SERVICE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE PRIOR TO YOUR APPOINTMENT.**

Parents: If services are provided to a minor child in which the parents are divorced, regardless of what the divorce decree may state, both parents are equally responsible for the cost of the dental services rendered to a minor child. The divorce decree is a civil agreement between the two parties and **NOT** this office.

Spouses: You are equally responsible for the dental expenses of your spouse.

I understand that my insurance policy is a contract between myself and the insurance company. Dr. Foley and his office are not a party to that contract. I understand that I am financially responsible for all charges that have been incurred for dental services rendered in my behalf (or that of my minor child and/ or spouse). Any outstanding balance remaining after payment by the insurance company is also my responsibility.

**Customer hereby acknowledges and agrees that any account that becomes delinquent will be subject to a collections service. Customer agrees to pay all court costs and reasonable attorney fees for collection of all past due amounts owed, plus interest thereon at 21% (twenty one percent) per annum on all such amounts outstanding. Any records wanting to be transferred with an outstanding collection will be subject to a \$65 per person transfer fee.**

\_\_\_\_\_  
Patient/ Guardian Signature

\_\_\_\_\_  
Date