

FINANCIAL POLICY

Our office is concerned with keeping the cost of dental care down. Billing patients repeatedly causes extra expense for us, which is transferred to you. We would like to eliminate these costs by encouraging you to help us by making payment in full at the time of service. We do understand that when there is extensive treatment to be done this is not always financially possible. Several options are outlined below.

PAYMENT OPTION I

Payment can be made in full by cash, check or credit card on the day of service. We accept Visa, Mastercard, Discover and American Express and **Care Credit**: This is a dental credit card available through our office. It takes just a few minutes to fill out the application and phone authorization gives you immediate use of this account. There are plan options available with 90 days, 6 months and 12 months free financing with minimal payments. After these time periods, interest accrues as with any credit card. ****If your check is returned for insufficient funds your account will be charged \$25.00, the same fee the bank charges our office.**

OPTION II

For more extensive procedures payment of half of the cost of the treatment is expected prior to starting treatment. The balance is expected at the time treatment is completed. These payments can be made by cash, check or credit card.

OPTION III

You have the option of looking into a personal loan from a private lending institution.

INSURANCE:

Patients who have dental insurance should note that most dental insurance does not cover 100% of the charges incurred from dental procedures. Many insurance companies have a deductible or co-payment on certain dental procedures. A deductible or co-payment is the cost not covered by your insurance and for which you are responsible. Some insurance plans carry an annual deductible. You should be aware of the calendar year used by your insurance company.

Insurances also use language limiting their obligations called "usual and customary charges". We are committed to providing the best treatment for our patients and charge what is "usual and customary" for our area. This amount may be different than your insurance's. Insurance companies also have a common provision termed "least expensive acceptable alternative restoration" clause. This clause allows them to pay only for amalgam fillings whether or not that was the appropriate type of material to be used for your individual situation. Denials caused by these definitions are then your responsibility. We accept assignment of insurance benefits when you provide us with accurate insurance information. Nonpayment due to inaccurate or missing information is your responsibility. Estimates of your portion of the payment can often be calculated ahead of time. Any deductible, co-pays or balances remaining after insurance payment are your responsibility.

Your insurance policy is a contract between **you** and your insurance company to which **we** are not a party. You should check your dental insurance plan periodically to understand what will and will not be covered. Concerns regarding coverage should be directed to your insurance company or employer. If your insurance coverage changes please inform the receptionist immediately.

BILLING FEES:

There is a \$5.00 billing fee per month for balances greater than 60 days old.

MISSED APPOINTMENTS:

There will be a \$25.00 missed appointment fee anytime your appointment is missed without prior notification to this office. There is a \$15.00 fee for appointments repeatedly cancelled with less than 48 hours notice. Please help us to serve you and your neighbors better by keeping your appointments.

MINOR PATIENTS:

Unaccompanied minors will be denied non-emergency treatment unless prior arrangements have been made.

