



FINANCIAL POLICY

Welcome! Thank you for selecting us as your dental health care provider. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

FINANCIAL AGREEMENT:

Patients are expected to pay for services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Some insurance carriers send payment directly to their subscribers, rather than to the provider. For carriers of those policies, full payment is expected at the time of service. Payments may be made using cash, check, Visa, MasterCard and/or Discover. We will mail monthly statements to all patients with an outstanding balance. A service charge of 1.5% per month (18% per annum) will be applied to any outstanding balance of 90 days or more.

Optional Payment Terms (Upon Approval):

1. Full pay cash discount: For uninsured patients, we offer a 5% accounting courtesy for all services over \$500 that are paid in cash and in full prior to the commencement of services.
2. Monthly Payment Plans: For balances over \$200, patients have the option of paying in equal monthly payments over a 2- or 3-month period after services have been rendered, interest free, with the first installment due at the time of service. This is contingent upon a payment agreement, set up by automatic debit/credit card payments, or automatic draft from a verified checking account.
3. Term Loan: By arrangements with CARECREDIT, we can offer patients (upon approval) an interest-free term loan (up to 6 months) with no down payment, no annual fee and no prepayment penalty. Ask for an application.

Any payment terms that are entered into are agreements made for a specific treatment plan. If a treatment plan changes, or further services and costs are anticipated, our office reserves the right to change the payment terms and agreement.

Insurance Information:

As a courtesy to our insured patients, we submit claims to insurance companies free of charge and will put forth our best efforts to maximize each patient's allowable benefits and out-of-pocket costs. In order to do this, please inform us of any change in insurance coverage as soon as you are aware of the change. Please understand that all costs quoted are estimates, and no estimate is guaranteed. If you want the most accurate estimate possible, we will be happy to submit a pre-estimate on your behalf to your insurance carrier. This process usually takes 3-4 weeks, but provides a more accurate estimate directly from your insurance carrier.

Please note that because our office is patient health focused, Dr. Halasz will recommend treatment based on your dental health, and not necessarily what your insurance covers.

If an insurance company provides payment directly to the provider and payment has not been received within 90 days of services rendered, we reserve the right to collect full payment from you, which can be reimbursed if/when the insurance company pays. In addition, after 90 days, you will be responsible to pursue payment from your insurance company. All current documentation will be provided in order to assist your inquiries. **You, as the insured, always have a better ability to deal with the insurance company and the employer responsible for the policy.**

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Appointments:

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when patients fail to keep scheduled appointments or cancel at the last minute. We require at least 24 hours' notice for any cancelled appointment. A broken appointment fee of \$25/hour scheduled will be charged to your account after the second broken appointment in your patient history. After 3 consecutive missed or cancelled appointments, we will place you on a short call list, which means we will phone you when an appointment time becomes available on short notice. This gives you the opportunity to know if your busy schedule has an opening for a dental appointment within the next few hours.

Please indicate your understanding and acceptance of these financial policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your dependent children who are patients of the practice.

Patient's name (please print): _____

Patient/Legal Guardian's signature: _____

Date: _____