

# FINANCIAL POLICY FOR DEVANEY DENTISTRY AT OAK RIDGE



We are dedicated to serving our patients with the highest quality of care. We ask that you help us keep our fees at a competitive level by paying your estimated balance at the time of services.

Your dental insurance plan represents a contract between you and the insurance company. As a courtesy we file the necessary paperwork to the insurance company to process your dental claims. We will accept the claim as partial payment for up to 60 days.

Payment in full is required at time of service if you do not have your dental insurance card and we are unable to verify your benefit coverage. If you have a reimbursement plan or if your dental insurance coverage is thru Delta Dental Insurance Company, payment in full is also required. These plans will reimburse you only.

We work diligently to provide you with as much information about your insurance coverage as possible, including deductibles, annual maximums, uncovered procedures and the amount of coverage allowed. Please understand that the insurance companies will not provide all information required to make allowed coverage estimates without some error. The information we provide is an estimate and the patient is responsible for any balance unpaid. All unpaid insurance balance beyond 60 days of treatment will become the responsibility of the patient. You will receive a statement.

We accept cash, debit cards, Visa, Master Card and American Express. Please initial beside the financial arrangement option below that best meets your financial needs. You may change your selection for future procedures.

- Payment in full (5% courtesy allowance applied if paid with cash or check on amounts exceeding \$500)
- In-house financing (4 monthly payments using debit/credit card via automatic draft on amounts exceeding \$500 or 2 payments for amounts exceeding \$250 up to \$500)
- Citi Health Group Finance Company (6 and 12 month interest free finance options available)

I have read and understand the above policy.

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Patient Name	Date
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*\*There will be a \$25.00 fee for all returned checks*

*\*All credits will be posted to your account. Refunds are mailed monthly upon request for balances greater than \$5.00.*

*\*\*Statements are mailed monthly and payment is due upon receipt. Accounts with balances exceeding 60 days past due are subject to finance charges.*