

# Thomas W and Shirley D Mercer DDS

9333 BASELINE ROAD STE 200 | RANCHO CUCAMONGA CA, 91730 | (909) 980-5558

## **Financial Policy**

We are committed to providing you with the best possible care. If you have dental insurance, we will help you receive your maximum allowable benefits. In order to do this, we need your assistance and your understanding of our financial policy.

Payment for services is due at time services are provided. We accept payment in thirds for treatments over \$1000.00. For plans requiring more than 4 appointments, alternative payment arrangements may be provided. All arrangements must be made in advance. We are finding it necessary to charge interest on our accounts over 60 days. There will be a charge of 1.5% per month and 18% per year.

## **Payment Options:**

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover Card

We offer a 2.5% courtesy discount to non insurance patients who pay for their treatment with cash or check prior to completion of care.

- Convenient Monthly Payment Options<sup>1</sup> from CareCredit Healthcare Credit Card

- Allow you to pay over time
- No annual fees or pre-payment penalties

We will gladly discuss your proposed treatment plan 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 a party to that contract.
2. As a courtesy to you, we bill your insurance company directly. It is possible they will not cover our entire fee. As is more often the case, they give wrong benefit information and refuse to cover services they previously told our billing staff they would cover. It therefore remains you, the patient, are responsible to insure that payment of the bill is

made. Delays in payments from your insurance will cause the bill to become due by you the patient and you will need to seek reimbursement from your insurance company.

3. Our Fees are considered by Delta Dental (California’s Largest Dental Insurance Company) and most other companies as usual, customary and reasonable or “UCR” fees. These companies pay a set percentage of our UCR fees. However, some smaller insurance companies arbitrarily set their own fee schedule and may pay only a percentage of their fees.

4. Not all services are covered benefits in all contracts. Some insurance companies select certain services they will not cover. It is the patient’s responsibility to know what their coverage consists of. Preauthorization’s can and will be sent at patients request. The only other way to guarantee a service is covered is to refer to the benefits book provided by your insurance company to you. These books **are not** provided to the doctor’s offices. 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 dates the servies are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problem arises, we encourage you to contact us promptly for assistance in the management of your account.

In cases of divorce, the parent bringing the child to the office is responsible for the payment.

If you have any question about the above information, PLEASE, don’t hesitate to ask us. We are here to help you.

“I understand and agree that (regardless of my insurance) I am ultimately responsible for the balance on my account for any services rendered. I have read all the information on this sheet.”

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Patient, Parent or Guardian Signature Date

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Patient Name (Please Print)

<sup>1</sup>Subject to credit approval