

## JASMINE DENTAL CARE

WELCOME! We at Jasmine Dental Care believe in giving you the best possible dental care. We want you to feel welcome and as comfortable as possible throughout your treatment. This includes understanding your treatment plan as well as our financial philosophy.

### FINANCIAL AGREEMENT:

Many people think that if they have dental insurance, it is the insurance company which owes the doctor for his services. This is not the case. The dental insurance contract is **between the patient and the insurance company**. Therefore, the **patient is responsible for the bill**, regardless of the insurance coverage. As a courtesy to our patients, we will bill your insurance company; however, the responsibility for payment will remain with you. In order for us to bill your insurance you must supply with complete information about your coverage including any necessary form and group numbers.

Insured dental patients are expected to pay the estimated non-insurance portion at the time of service. Most dental insurance do not cover 100% of the cost of your treatment. If insurance has not paid within 60 days of treatment you will need to make full payment to this office and be reimbursed when insurance pays. We will mail monthly statements to all patients with an outstanding balance. Unpaid balances over 60 days will be assessed a finance charge of 18% per annum.

Patients who are not insured are expected to pay fees in full at time of service unless prior arrangement has been made. Payments may be made with cash, check, or credit cards. We also offer a 5% discount for cash payment on or before the date of service.

### IF YOU ARE INSURED PLEASE:

1. Be familiar with the coverage and the deductible on your insurance plan(s). To help you better understand your dental benefits, read your booklet, call your employer/personnel dept. or insurance company.
2. Bring your insurance card and filled out insurance form with you on your visit.

An often misunderstood term used by many insurance companies is Usual, Customary, and Reasonable (UCR). This is an arbitrary fee ceiling at which the insurance company will stop reimbursement. After this ceiling, coverage for a particular procedure will cease. Again, this has nothing to do with the fee charged, but with the level of coverage negotiated by the policy holder.

### PLEASE SIGN AND RETURN TO RECEPTIONIST.

I acknowledge that I am financially responsible for all charges whether or not they are covered by insurance. If it becomes necessary to effect collections of any amount owed on this or subsequent visits the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure the payment of benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WE APPRECIATE YOUR TRUST AND CONFIDENCE in our office. Our goal is to make your visit as pleasant as possible. If you have any questions, problems or suggestions concerning your treatment, or our policies, please do not hesitate to ask our staff.