

Associates for Dental Care Financial Policy

We accept the following forms of payment for dental treatment:

Cash

Check

MasterCard

Visa

American Express

Third party financing (CareCredit & Citi Health Cards)

Payment in full is due at the time of service unless other arrangements are made in advance.

Insurance

It is our policy to provide the best dentistry to our clients. In order to do this, it is important that we do not allow **dental benefits** to be a determining factor in diagnosis and treatment. Your treatment will be based upon your dental needs.

The term "dental insurance" is misleading. What is commonly known as "dental Insurance" is more correctly termed "dental benefits. Dental benefits are not intended to pay for all charges, but to assist with the costs of dental treatment. Generally, Dental benefits pay a percentage of each procedure up to a set yearly maximum. The benefits available to you are established by which plan your employer has purchased. **Your insurance policy is a contract between you and your insurance company.** We are not a party to that contract.

As a courtesy to you, we will submit claims to your dental plan carrier. Your co-pay and deductible are due on the day of service. In order to submit your insurance we need accurate information from you. If your claim is denied or we do not receive anticipated reimbursement for the balance of your claim within 30 days we will resubmit the claim once. If we have no response within 2 weeks, we will invoice you for all unpaid balances. However, we do not guarantee any estimate, and should your dental plan pay less than expected, you are fully responsible for the balance.

Please be aware that our cancellation and broken appointment policy; we reserve the right to charge a minimum fee of \$50.

I have read, understand and agree to the above financial policy.

Print Name _____

Signature _____
(Patient/Guardian)

Date _____