

FINANCIAL POLICY

INSURANCE COVERAGES

We accept many different insurance plans. We will offer this courtesy to patients as long as these guidelines are followed. It is the responsibility of the insured to provide us with a completed claim form, ID card and insurance information booklets regarding coverage. We must be informed of any changes to your dental coverage and benefits. Many times claims will take up to 30 days to be paid to us. We will hold all claims for payment for a reasonable amount of time. If our efforts of collecting payment are unsuccessful you will be held responsible for the balance. Please keep in mind that your insurance policy is a contract between you and your insurance carrier. We are not a party to this contract.

PAYMENT ARRANGEMENT

In the event that we do accept assignment of benefits, we require that copayments of services rendered be paid at the time of treatment. If possible, we will give you an estimate of what the copayments will be for each treatment.. Please understand that these are only estimates unless your treatment has been pre-determined. We will not know your benefits until payment is received or pre-determinations are returned. Should your carrier pay less than what was anticipated, deny the claim or pay you directly, you will be responsible for payment of the balance. We accept cash, checks and major credit cards.

We reserve the right not to accept the assignment of benefits from insurance carriers that our experience has shown reimbursement on an untimely basis. However, we will submit a claim on your behalf once your balance has been paid.

ALL payment arrangements **MUST** be made in advance of starting your dental treatment.

FLEX BENEFIT ACCOUNTS

Many employers are now offering flexible benefit accounts which allow employees to contribute before tax dollars to an expense account for medical and dental costs not covered by an insurance policy. We will be happy to supply you with the documentation needed for you to be reimbursed, however it is your responsibility to pay our office in full. You will then receive payment from your employer for these expenses. These plans will not be an accepted form of payment.

I have read and understand the terms of this financial policy.

Signature of Responsible Party

Date