

## *FINANCIAL POLICY*

Our office is committed to providing you with the best possible care. If you have dental insurance, we are eager to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Our credit policy requires payment in full at the time of service, unless prior financial arrangements have been made. For your convenience, we accept **CASH/CHECK, MASTERCARD, VISA, DISCOVER CARD, AMERICAN EXPRESS & CARECREDIT.** Payments of deductibles, co-insurance and any disallowed amounts are your responsibility. All balances 60 days & older are subject to a .66% finance charge (7.92% APR).

We will be happy to help you process your insurance claim for reimbursement, if we are provided with the proper information to do so. We will also file pre-determinations or prior-authorizations upon request. We do ask that the assignment of benefits be directed to our office.

*Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. Benefits vary considerably from one plan to the next. The range of benefits depends solely upon what your employer and its insurance representative have negotiated. Because there are hundreds of dental plans available in the community, no dental office can know the benefits that your plan includes for you. We cannot be responsible for what you may regard as unfair reimbursement by your insurance company. Ultimately, you are responsible for payment of any balance due.*

We emphasize that as health care providers, our relationship is with you, not your insurance company. While filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. If any problems arise that would affect the timely payment of your account, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, **PLEASE** don't hesitate to ask. We are here to help you.

Agreed:

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Patient/Responsible Party

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Date