

The Dental Practice Financial & Appointment Policy

Accepted Payment Types

We accept cash, check, most major credit cards and Care Credit.

We ask for cooperation from all our patients to pay for services the day of treatment, including those with dental insurance. By paying for treatment on the day of service, or the estimated patient portion, it helps us to reduce bookkeeping and billing expenses that increase the cost of your care.

There is a process fee for all return check or invalid credit card payments.

Cash, Check, or Credit Card Patients

We ask that all single day services be paid on the day of service. This includes the patient portion for those with dental insurance.

Fees greater than \$400 paid in full before treatment = 5% discount

Fees greater than \$2000 paid in full before treatment = 7% discount

*In these cases, if there are insurance benefits, the insurance portion is not eligible for the discount.

All previous balances must be paid before any bookkeeping allowance will apply.

*Accounts are aged from day of service. There may be a \$5.00 re-billing fee added to all unpaid charges after 90 days. This includes unresolved insurance claims.

Senior Courtesy

Patients over 65 will receive a 5% bookkeeping allowance on all fees over \$100 that are paid in full on the day of treatment or at the beginning of a treatment series.

Insurance Patients

The patient or guarantor is ultimately responsible for all account balances regardless of insurance coverage.

Not all services are covered benefits in all contracts. Your employer has selected the level of coverage based on the premium paid.

We submit insurance claims as a patient courtesy, however that contract exists between the patient/insured and the insurance company. We try to help all patients receive the maximum benefits their plans will allow for the treatment they need. Our business is providing excellent dental care. The insurance industry has made it nearly impossible for patients to file their own claims. When or if there are insurance difficulties, please know that we are working on your behalf and we pledge to do our best.

In most cases you have authorized insurance payments to come directly to us. We will estimate your portion based on historical information from your insurance company. Your portion is due the day of service. Please be prepared to pay your estimated patient portion.

A few companies send the insurance payment to the patient. We will still file the claims on your behalf as a courtesy. The Payment is your responsibility at the time of service.

To speed up insurance processing, it is important that you are familiar with your insurance coverage and provide us with accurate information. Please bring current dental insurance information with you. This is your responsibility.

Broken Appointments

In the event of repeated broken appointments or short notice cancellations (less than 48 hours), we may require a \$50 deposit to reschedule.

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional services rendered, as well as any finance charges, collection costs, or multiple rebilling charges. I have read the financial policy for this office, and understand my obligations.

I authorize release of any information relating to any claim. I authorize payment directly to The Dental Practice for benefits otherwise payable to me. I leave my signature on file for future claims that relate to me.

Patient Signature _____ Date _____
(if under 18, signature of parent or guardian)