FINANCIAL POLICY

PATIENT NAME: _____ **DOB** _____

Initial all policies that have been read and understood

Financial Policy

_____ Payment is expected at the time of service. We accept cash, check, credit cards, debit cards, health savings account cards, Sunbit, and CareCredit. **There will be a $35.00 service charge for any returned checks**. We do not accept temporary or new account checks.

_____ Past due accounts will be turned over to a collection agency after we have tried to resolve your balance three times. Any fees incurred due to this will be added to the outstanding balance. This may include late fees, collection agency fees of 66%, court fees, etc.

_____ We accept all dental insurances as long as they offer in and out-of-network benefits. We file your dental insurance claims as a courtesy for you at no charge. It is the patient's responsibility to provide us with current and accurate insurance information prior to the date the services are rendered. If we are unable to verify your dental insurance benefits prior to the date of service, you will be expected to pay out of pocket for the dental visit at that time. Once the correct dental insurance has been put on file and we are able to file a claim, if you are owed a refund for any out-of-pocket expenses, we will do so accordingly. ***Verification of eligibility and benefits payable by your insurance company does not constitute a guarantee of claim payment. Final determination of benefits payable will be made at the time a claim is submitted, processed, and paid/unpaid by your insurance company.***

_____ Not all services are covered by your insurance company. In the event that your insurance carrier determines a service is "not covered," you will be responsible for the complete charge. If your insurance provides coverage for alternate services, downgrades any service, etc. you will also be responsible for whatever portion is not covered by the insurance company. We only file a pre-determination estimate to your insurance company at YOUR REQUEST ONLY. Please be aware that some insurance companies may not honor a pre-treatment/determination or they may alter it. In all cases, this may delay important dental care that is viable to your dental health. Insurance limitations and regulations vary with all insurance plans. We do not base your treatment plan on what your insurance plan does or does not cover. It is ultimately YOUR RESPONSIBILITY to be aware of your dental plan coverage, regulations, and limitations to avoid confusion and any surprises.

I do hereby consent and acknowledge my agreement to the terms set forth in the Financial Policy and any subsequent changes. I understand that this consent shall remain in force from this point forward.

PATIENT/GUARDIAN NAME _____ **DATE** _____

PATIENT/GUARDIAN SIGNATURE _____