



Financial Policy

Thank you for choosing our office. Because we value our relationship with you and believe that the best relationships are based on understanding, we offer these explanations of payment for services:

1. Dental Insurance:

As a courtesy to you we will file your Primary dental insurance claim for you, and we will also accept assignment of benefits. You will be expected to pay your estimated uncovered portion at the time of service. A copy of your card will be requested at each visit. You must be familiar with your insurance benefits. Once the insurance company reimburses our office, if there is a balance, you will be billed for the remaining portion. If there is a credit, you will be sent a refund check. Please be aware our office does not file secondary insurance.

We file insurance electronically. Your claim will be sent out on the day of service. If your insurance company does not pay on your claim, you will be expected to pay it in full within 30 days of the date of treatment. It will be the policy holder's responsibility to follow up on any unpaid claim.

Please note that we file dental insurance as a courtesy to our patients. We do not have a direct relationship with any insurance companies. We are not responsible for how your insurance company handles its claims. We only assist in **estimating** your portion of the cost and we will verify benefits prior to treatment whenever possible.

2. Payments:

- a. **Payment is due in full for uncovered services** by cash or charge card at each appointment as services are rendered.
- b. We accept Discover, Master Card, Visa and American Express.
- c. We offer Healthcare Financing through Care Credit.
- d. We **do not** accept personal checks.

I understand the financial policy.

Patient or Legal Guardian's Name: _____

Signature of Patient or Legal Guardian: _____

Date: _____