

COAST DENTAL

FINANCIAL POLICY

We are committed to providing you with the best possible care. As dental care providers our relationship is with you, the patient. If you have dental insurance, we will bill your insurance on your behalf using the dental findings from the visit.

Payment for services is due at the time services are rendered unless other payment arrangements have been approved in advance by Dr. Maddocks and the financial coordinator. For your convenience, we accept cash, checks, Visa, Mastercard and American Express. If financial arrangements have been made, we **require** keeping a credit or debit card on file. If any payment is not made by the due date, in addition to the sum due there shall be a late payment penalty of **FIFTY DOLLARS (\$50)**. If you have dental insurance, as a courtesy, we will file dental claims on your behalf. Please be reminded that:

1. Your insurance is a contract between you, your employer and the insurance company.
2. Not all services are a covered benefit on all contracts. Some insurance companies arbitrarily select certain services they will not cover. Because your insurance coverage is between you, your employer, and the insurance carrier, the dentist does not have the power to make your plan pay. If your insurance does not pay, you are responsible for the total cost of treatment. Please review your contract. We do not file medical claims.
3. We are providers for certain insurance companies and will request your estimated patient portion at the time of service unless other financial arrangements have been established.

The filings of insurance claims are a courtesy that we extend to our patients with the understanding that all charges are your responsibility from the date the services are rendered.

If you have any questions about the above information, or have any uncertainty regarding dental insurance coverage, please do not hesitate to ask us. We are here to help you.

- Returned checks will be subject to an additional collection fee of \$25.00
- Unless an emergency comes up, we always try to be prompt, and we appreciate you being prompt also. If you need to reschedule an appointment, please give us 24 hours' notice to avoid incurring a broken appointment fee of **ONE HUNDRED** dollars **(\$100.00)**.
- Records, including radiographs (x-rays) are the property of this office.
- After hours care is subject to a **TWO HUNDRED FIFTY DOLLAR CHARGE (\$250)**.

I have read and acknowledge the Coast Dental Financial Policy

PRINT NAME_____

SIGNATURE_____

DATE_____

