

**FINANCIAL POLICY**

The following is a statement of our financial policy, which we require you to read and sign. All patients must complete and sign before they will be seen by a dentist.

**Payment in full is due at the time of service:** We accept cash, checks, and all major credit cards. Payment plans are accepted upon approval.

**Insurance:** Your insurance coverage is a contract between you and your insurance company. We are not a party to that contract. We will bill your insurance plan on your behalf, as long as we are provided with the correct, and up to date information. Please be aware that some, and perhaps all of the services provided may not be covered and/or not considered dentally necessary under your dental benefits plan. You as the patient are ultimately responsible for payment of all services provided by our practice.

While payment is your responsibility, we will assist you in negotiating a settlement with your insurance company for any disputed claim. Our business and billing departments are available to discuss any concerns or questions you may have regarding your insurance and payment on your account.

If you have secondary insurance, we will submit the claim on your behalf, as long as you have provided the correct and updated information.

**Workman's Compensation:** Under no circumstances are workman's comp cases accepted by our office. You as the patient are responsible for any and all necessary paperwork and follow-up with your workman's comp claim.

**Usual and Customary:** Our practice is committed to providing the best treatments for our patients and we charge what is usual and customary for our area; You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**Necessary Dental Care:** We will only provide you with a service that we determine is dentally necessary. If your insurance company determines that a service is dentally unnecessary, you are responsible for payment.

**Credit Policy:** Accounts are due and payable as of the date billed. We realize it may be necessary on occasion to arrange an installment or other type of payment plan. If financial problems arise, please contact our billing department as soon as possible. If an account becomes past due, with no valid reason, necessary action will be taken to recover the balance. Appointment privileges may be suspended until your account is brought current.

**CO-PAYMENTS AND CO-INSURANCE MUST BE PAID PRIOR TO BEING SEEN. RETURNED CHECK FEE IS \$35.00.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_