Financial Arrangements/Office Insurance Guidelines

1. All patients must complete our patient information forms before seeing the doctor. Please give a copy of your insurance card and I.D. to the receptionist for copying.

2. **PAYMENT IS REQUIRED AT THE TIME OF SERVICE UNLESS A PRIOR ARRANGEMENT HAS BEEN MADE.** We accept cash, checks, Visa, Mastercard, Discover, American Express, Care Credit and Lending Club.

3. Patients under the age of 18 must be accompanied by a parent or guardian. The parent or guardian is responsible for payment at the time of service. We cannot be bound by any divorce or other family relationship contract.

4. Any account 90 days past due will be turned over to our outside collection agency and will be responsible for all cost of the collection in addition to any unpaid charges. I AGREE to pay all cost of the collection, including attorney fees. The collection fee is 40% of the unpaid balance.

5. A patient-paid sterilization/disposal fee of **$10.00** will be charged to each visit.

6. **We do understand that emergencies occur. We kindly request a 48 hour notice to reschedule appointments and avoid a broken appointment fee of $75. Appointments scheduled for more then 1 Hour will require a deposit of $200.00.**

IN NETWORK INSURANCE - We currently participate with some "Managed Care" Insurance programs. Please remember that insurance is a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay a fixed allowance for certain procedures, and others pay a percentage of the charge. It is your responsibility to pay any deductible amount or co-pay, unmet deductible for non-covered service at the time of each visit. As with any other insurance plans, if your insurance carrier has not paid your account within 90 days, the balance will automatically become due by you. Any resubmissions of insurance claims and appeals will be the patient's responsibility.

Our office team understands your insurance coverage and will help you to maximize the benefits allowed under your plan. It is important to understand that:

- Your dental benefits are a ***contracted benefit between you, your employer and the insurance company.***
- Our fees generally are not fully covered by the maximum allowance determined by your insurance carrier.
- All dental services are not covered by insurance plans.
- You will be responsible for all fees not covered by insurance for services rendered to you.

Please discuss your proposed dental treatment with our team and ask all necessary questions before you begin treatment. If you have any questions about our financial arrangements, Please feel free to ask our Financial Coordinator for clarification.

I HAVE READ AND UNDERSTAND MY FINANCIAL RESPONSIBILITIES. I authorize the insurance company indicated on this form to pay to the dentist all insurance benefits otherwise payable to me for services rendered. I authorize the use of this signature on all insurance submissions. I authorize the dentist to release all information necessary to secure the payment of benefits. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature/Parent Signature: _____ Date:_____