



## Office & Financial Policy

*Thank you for choosing our office to provide your care. We consider it a privilege to serve your needs and look forward to doing so. We are committed to providing you with the highest level of care and to building a successful provider-patient relationship with you and your family. We believe your understanding of our office and financial policies is vital to that relationship. We ask that you review and retain a copy of these policies for your records. If at any time you have any questions or concerns please feel free to contact us. We believe this level of communication and cooperation will allow us to continue to provide quality service to all of our valued patients.*

### Payment for Services

**Payment is expected at the time of service unless a payment arrangement has been approved in advance by our accounts manager.** If you have dental insurance, we will provide an estimate of your co-payment and collect your portion at the time of service. We accept cash, check, credit card (Visa, MasterCard, Discover), and Care Credit.

### Dental/ Medical Insurance

It is important to remember that your insurance policy is a contract between you and your insurance carrier. Benefits and coverage vary significantly from plan to plan, please keep in mind that insurance is not designed to provide 100% benefit, but rather is meant to *assist* in the cost of dental care. As a courtesy to our patients we are happy to submit your claims for service. In order for us to do so you must provide us with accurate and up-to-date insurance information. We will provide an estimate of your co-payment with this information but is not meant to be a guarantee of what your insurance policy will actually pay. We will do our best to help you receive maximum benefit from your policy but ultimately patients are responsible for all balances incurred for services received.

### Interest and Fees

-Due to the cost of billing, interest will incur if a balance remains unpaid after 30 days. A finance charge of 1.5% per month (18% annually) will be applied until the balance is paid in full.

-If you will be paying by check please be aware that a \$30.00 fee will be assessed for all returned checks and we reserve the right to reject check payments thereafter.

- Should referral to a collection agency become necessary an additional collection fee of 30% of the outstanding balance will be added to the account balance to defray costs of collection. In addition, until the account is paid in full, all future appointments for anyone on the account will be cancelled.

*We recognize that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.*

Patients under the age of 18

Please plan to be present at appointments with your child under age 18. If you cannot be present please make prior arrangements with our staff. The parent accompanying a minor child is responsible for payment. In the case of a divorce, regardless of decree, the parent who brings the child and has signed this financial agreement is responsible to pay for the child's services. We are unable to bill separate parties; therefore parents can work out these details.

Appointment Changes

Your reserved time in our office is important. We understand that sometimes it is necessary to change your appointment so we ask that you kindly give us a minimum of 48 hours advanced notice. Without this notice, we are unable to offer treatment to other patients that may have needed our care. Additionally, if you arrive more than 15 minutes past your appointed time, this will be considered a broken appointment. We realize that your time is valuable so we ask that you give us the same courtesy. **We reserve the right to charge a fee of \$100.00 for broken appointments or changes/cancellations without 48 hours advanced notice.**

Medical Records

Patients are entitled under federal law to have access to their protected health information and we follow all rules, guidelines and exceptions to ensure compliance to patient rights. However, providers also have the right to compensation for records and our fees are a reasonable cost-based fee for copies including the copying, supplies, labor, and postage of the files, and or summaries. Patients will be required to sign a medical records release form prior to release of records.

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Patient Initials

*I have read and understand the Office & Financial Policy.*

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*I understand that insurance policies are meant to assist in the cost of dental/medical care and that I am responsible for all fees incurred for my treatment regardless of insurance coverage.*

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*I authorize assignment of insurance benefits directly to the appropriate provider.*

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*Signature*

\_\_\_\_\_ Date \_\_\_\_\_

*Parent or Guardian of*

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