



Financial Policy

Welcome to our dental practice! We are glad to have you as our patient, and look forward to the opportunity to meet your dental health needs.

Our mission is to deliver the finest, most cost effective treatment available today. Please **review** and **initial** the following so that we can achieve our mission together.

Payment

Payment for services is due at the time services are rendered, unless specific arrangements are made in advance.

Payment may be made with cash, check, Visa, MasterCard, and discover.

We offer payment plans thru CareCredit and Chase Health advance.

Insurance

As a courtesy to those patients who are covered by insurance, we will bill your insurance for you and accept the assignment of benefits. However, we want to emphasize that our relationship is with you, not your insurance company. All charges are your responsibility from the date services are rendered, and your patient co-payment is due at the time of service.

We will estimate your co-payment to the best of our ability, but the estimate is simply a guideline until the final insurance payment is received. If there is a remaining balance following insurance payment, this balance must be paid within 30 days of being billed by this office.

We strongly advise you to become familiar with your specific insurance plan and your covered benefits, as every insurance plan is different, and some routine procedure may not be covered, or may be limited to certain frequency.

Billing Charges

Account balances over 90 days may be subject to collection or legal action, unless prior arrangements have been made for the balance.

Returned Checks

All returned checks are subject to a service charge.

Broken Appointments

We try to schedule the Doctor's time around our patients, therefore we ask your consideration in calling if you are unable to keep your appointment. Although we do try to make courtesy call to remind you of your appointments, you are ultimately responsible to keep track of your appointments in case we are unable to reach you.

Please feel free to ask any questions that remain unanswered either before or after treatment. We are here to help you!

HIPPA consent form

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect April 14, 2003, and will remain in effect until we replace it. **The Notice of privacy practices is available upon request and a copy of this notice is located in the waiting room.**

Signature _____ Date _____

Parent signature if patient is minor _____