

Insurance & Financial Policy

Our goal in discussing financial arrangements relative to your dental needs includes:

- to inform you of treatment alternatives
 - their respective advantages and disadvantages
 - the consequences and/or risks of limited delayed treatment and/or non-treatment
- > Professional services are rendered to the patient, and not to the insurance company. Thus, the insurance company is responsible to the patients, and the patient is responsible to the doctor. We cannot render service on the assumption that the charges will be paid for by an insurance company.
- > Unfortunately, insurance benefits will almost always be less than anticipated. Please understand that the amount of benefits to be derived under your particular policy is a predetermined arrangement between your employer and the insurance company; we are unable to increase benefits beyond that which your insurance agreement allows. However, this should not have control over what is in your best interest as far as treatment is concerned.
- > It is not possible to know exactly what your insurance coverage will be prior to treatment, as treatment sometimes changes. We can predetermine your benefits with your insurance company; however, this delays treatment 4-6 weeks or longer, waiting for the insurance company to respond, which may not be in the best interest of your oral health.
- > A finance charge of 1-1 1/2% will be added to your bill if payment has not been received within 60 days. This will allow adequate time for your to ensure that your insurance benefits have been paid to your satisfaction.
- > Should collections become necessary, the responsible party agrees to pay an additional 40% collection fee, and all legal fees of collection, with or without suit, including attorney fees and courts costs.
- > Our policy, and most dental plans, require a percentage fee, (co-payment) to be paid at the time of your treatment. **A payment plan can be arranged if you are not covered by a dental plan.**

Payment Options:

- Cash
- Check
- Visa, Mastercard
- CareCredit

I authorize my insurance company to make payment directly to the doctor for services rendered and agree to pay an uncovered balance. I hereby authorize release of information for insurance purposes.

Signature of Patient (or Guardian)

Date

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