

FINANCIAL POLICY

INSURANCE:

Professional services are rendered and charged to you, not your insurance company. Please understand that the contract is between you and your insurance company and payment is your responsibility. We will accept assignment of claim for primary insurance only. All Deductible and co-payment amounts not covered by your insurance are to be paid in full at the time of treatment. Financial arrangements must be made with the practice manager **PRIOR** to starting treatment. Our office will not enter into a dispute with your insurance company over your claim. It is your responsibility to ensure that the claim is paid. Our insurance person will file your claim one time. You will receive a statement every month your account shows a balance due, regardless of insurance expectations. If at the end of sixty (60) days, your insurance company has not paid, you will be responsible for the entire balance. Upon request, we will supply you with a copy of your claim so that you may resubmit it if necessary. You are responsible to provide you insurance company with any additional information they may need from you. It is your responsibility to inform us of any changes in you address, phone numbers, employment and dental benefits. In order for us to honor you insurance, you must provide proof of insurance coverage, (i.e. insurance card, completed claim form, or benefits book, etc.) and we must be able to verify coverage and current benefits. If verification can not be made, you will be responsible for full charges to be paid at the time of service. You will be given the proper paperwork to file with your insurance company.

USUAL AND CUSTOMARY FEES:

Our fees are what are usual and customary in our area, not what your insurance company determines is usual and customary. You are responsible for any fees that are above your insurance company's usual and customary fees.

FEES SCHEDULES:

Some insurance plans pay from a fees schedule. We may not have your insurance company's fee schedule. In order for us to accept assignment for you insurance, you will need to provide us with a copy of you fee schedule. You will find this in your benefits book or you can obtain it from your human resource department. You are responsible for paying for all amounts above the insurance fee schedule at the time of service.

BROKEN APPOINTMENT POLICY:

Please consider you appointments carefully. We require a 24-hour cancellation notice. If we do not receive a 24-hour notice, you may be charged with a broke appointment fee that will not be paid by your insurance company. If you repeatedly miss you scheduled appointments, you will be asked to pursue treatment at our discretion.

OFFICE FEES:

If you present a check for insufficient funds, or place a stop payment on an issued check, you will be charged a \$25.00 fee. We will not reprocess any returned checks. You must pay by cash, credit card or money order. We will charge a 1.5% monthly (18% annual) interest on all balances past due over sixty (60) days.

I HAVE READ, UNDERSTAND AND AGGREE TO THE STATEMENT OUTLINED ABOVE.

SIGNED: _____ **Date:** _____