

OFFICE / FINANCIAL POLICY

Welcome To Our Office...

Thank you for selecting our office for your personal dental care. Our staff is dedicated to the practice of Preventative Dentistry. We wish to help you retain your teeth for a lifetime, show you how to prevent dental problems before they arise, and help you avoid the discomfort of dental emergencies by providing regular dental checkups.

REGARDING INSURANCE

1. Patients with insurance should plan to pay their portion of the total fee before completion of dental treatment.
2. Most misunderstandings about insurance can be avoided if you understand what your policy provides in benefits. Annual Insurance Maximums must be monitored by the patient and are not the responsibility of this office.
3. You are responsible for payments of this account regardless of insurance coverage. This office cannot accept responsibility for collecting a settlement on a disputed claim. You are personally responsible for full payment of your account. Delayed payment by your insurance carrier is not a valid reason for delayed payment of your account.
4. **We cannot bill your insurance company unless you give us correct insurance information. Your insurance is a contract between you and your insurance company.**

PAYMENT PLAN & FINANCE CHARGES

5. **Our policy regarding credit and finance charge:** The Federal Truth in Lending Act (Regulation "Z") makes it necessary for all firms extending credit to define their credit policy. The Doctor's policy is to extend credit to patients with the understanding that all charges are due and payable within thirty (30) days following the date of billing. The Doctor will extend additional time for payment of accounts to patients who need and/or request it. If you expect to, or do, incur charges in excess of \$500.00 and wish to extend payment of the account over a period of time, please discuss the matter with our BUSINESS OFFICE.
6. All accounts not paid within ninety (90) days are considered past due. All past due balances are subject to a finance charge computed by a "Periodic Rate" of 1 1/2% per month, which is an annual percentage rate of 18%.
7. Any delinquent account turned over to a collection agency will require payment on all collection costs.

USUAL & CUSTOMARY RULES

8. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

MISSED APPOINTMENTS

9. Appointments must be cancelled 24 hours in advance. Missed or late cancellation of appointments will be charged at a rate of \$25 per 1/2 hour appointment. Charges must be paid prior to scheduling any further appointments in this office.

Please help us serve you better by keeping your appointments.

I have read this Office/Financial Policy. I understand and agree to the terms described above.

X

Date

Signature of Patient or Responsible Party