

## FINANCIAL POLICY

In order to maintain vital dental care service for our patients, it is necessary that you understand our credit and collection policies so that we might continue this care.

Your insurance policy is an agreement between you and your insurance company. In contrast, an agreement on services is an agreement between you and your dentist. When you have services performed, you become responsible for payment of the doctor's fees. Coverage for services and levels of payment by your insurance company depend on the terms of the contract between you and your insurance company.

**Where applicable; you are responsible for any amounts not covered by your plan.**

**Verification of Benefits:** It is **your** responsibility to provide us with your current insurance coverage. It is also **your** responsibility to verify that this coverage is active at the time of your service in the office. Please familiarize yourself with the limits of coverage of your insurance plan for instance; if your insurance covers 80% of the charges, you are responsible for the remaining 20% of the charges.

**Deductibles:** This is the total amount of covered dental expenses that must be paid by the patient before the insurance begins paying benefits. Examples of standard deductibles are \$25, \$50, \$75 per person and or family each calendar year. It is **your** responsibility to pay the deductible, set forth by your insurance policy.

**Co-Insurance:** This reflects a defined share of covered dental costs that the patient pays with the insurance carrier paying an amount based on the patient's policy. Co-insurances are due at check out after your appointment.

**Reasonable and Customary:** This is what your individual insurance carrier has established unilaterally as their payment schedule for services. Each insurance carrier sets **their own** "reasonable and customary" fee schedule and this varies from one insurance carrier to another and from one zip code to another. Therefore, our office does not subscribe to a definition of what "reasonable and customary" is because there is not one set schedule upon which the insurance companies base their reimbursement.

**Past Due Balances and Collection Accounts:** If you have a past due balance you will be required to make payment on this prior to being seen. It is our policy that when an account is referred to a collection agency the patient doctor relationship is permanently terminated.

Should you have any questions regarding the above, please contact our billing department. We will always be willing to discuss your insurance and/or a payment arrangement for all concerned.

The following methods of payment are acceptable: CASH, PERSONAL CHECK, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER.

Signature of  
Patient/Guardian \_\_\_\_\_

Date \_\_\_\_\_