

FINANCIAL POLICY

First and foremost, we are committed to providing you with the best possible dental care. If you have any dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. This includes full payment if there is no insurance, or your copayment if there is insurance. We accept cash, checks, and all major credit cards. We will be happy to help you process your insurance claim form. Any such request must be accompanied by the appropriate insurance information.

Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1½% per month. **Charges will also be made for broken appointments and appointments cancelled without 24 hours advance notice.**

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage of "U.C.R." This is defined as "usual, customary, and reasonable" fees for this region. Thus our fees are considered usual, customary, and reasonable by most companies. (This statement does not apply to companies who reimburse based on an arbitrary "fee schedule", which bears no relationship to the current standard and cost of care in this area.)
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. **While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered.** We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

I have read the above financial policy. I understand it and I agree with the policy. I have also received and reviewed the Dental Materials Fact Sheet (May 2004).

Signature _____ Date _____

