

Earney Dental Associates Inc. Financial Policy

Thank you for choosing us as your dental health care provider. We are committed to providing a positive and rewarding experience. The following outlines our Financial Policy, which we require you to read and sign prior to treatment.

PAYMENT IN FULL IS DUE AT TIME OF SERVICES UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. WE ACCEPT CASH, CHECK, VISA/MASTER CARD, and CARECREDIT.

Regarding Insurance

We will accept assignment of insurance benefits. Assignment simply means that we will bill your insurance and after receiving their payment, bill you for the remaining balance. We participate with a large number of insurance plans but it is your responsibility to check with your insurance company to be sure that we are on their list of providers. If you elect to have your dental care provided by our practice and we are not on your insurance company's panel, you will be responsible for the difference between what the insurance company pays and our charges.

Co-payments are to be paid at the time of service. Failure to pay your co-pay will result in a rebilling fee of \$10.00 that will automatically appear on your next statement. We reserve the right to request a copy of your insurance card at each appointment. In order to bill your insurance company for services rendered, you must provide us with accurate and current insurance information. Failure to provide the necessary insurance information will render you solely responsible for treatment charges.

Your insurance policy is a contract between you and your insurance company. If your insurance company has not paid your account in full within 60 days, the balance will automatically be billed directly to you. Please be aware that the services provided may be non-covered services and may not be considered reasonable and necessary under your insurance.

Usual and Customary Rates

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

Missed Appointments

Appointment times are reserved just for you and must be canceled at least 24 hours in advance. The fee for a missed appointment is \$25.00 and is your personal responsibility. This amount must be paid prior to receiving further treatment.

Self Pay Patients

All patients are expected to pay for services at the time that they are received. However, some dental procedures are expensive and unexpected and as such may require time for payment. Financing options are available through CareCredit and the front desk staff will be happy to provide you with more information.

Return Check Fee

If a check has been returned to our office for insufficient funds a processing fee of \$25.00 will be assessed. The amount of the check and processing fee must be paid with cash, credit card, or money order within 10 business days upon notification.

Bankruptcy

Claims for Bankruptcy that include monies owed to Earney Dental Associates, Inc, will result in the dismissal of you and/or your family from the practice.

Termination

If your account has been turned over to a collection agency for collection, you will be issued a final statement indicating such. We allow a 30-day Emergency Appointment grace period while you locate a new doctor. Following the grace period, all services provided by this practice for you and/or your family will be terminated.

Thank you for reviewing our Financial Policy. Please let us know if you have any questions or concerns.

I understand that the responsibility for payment for services provided in this office for myself or my dependents is mine, due and payable at the time services are rendered unless financial arrangements have been made. I understand and agree to this Financial Policy.

X _____ Date:
Signature of Responsible Party

X _____ Date:
Signature of Co-Responsible Party