

FINANCIAL INFORMATION

We are committed to providing you with the best possible dental care. In order to begin a long lasting, professional relationship, we ask for your understanding of and cooperation with our payment policy.

FOR PATIENTS WITH UNITED CONCORDIA, MOST DELTA DENTAL, ANTHEM, HUMANA, METLIFE and PLANS UNDER THE CONNECTION, DENTEMAX DENTAL NETWORKS. As a contracted provider for these plans, we will submit your claims and receive the corresponding payments. You will be responsible for making any estimated co-payments at the time of service. We will be happy to submit your insurance and collect payment from them provided we have verified eligibility. Estimated co-payments, however, will be payable in full at time of service. Any remaining balance after insurance payment has been received will be due upon receipt of statement.

We will **only** process primary and secondary insurances if applicable

ALL OTHER PATIENTS:

Full payment is due at the time of service unless other arrangements have been made in advance. "Other arrangements" are per occasion and are not to be considered permanent arrangements. Financial alternatives for extensive treatment can be discussed with our front staff and approved by the office manager.

OTHER IMPORTANT ITEMS:

- 1) When appropriate, we will be happy to submit a pre-treatment estimate to your insurance at your request and after you have provided appropriate insurance information.
- 2) Interest, at the rate of 1.5% per month, will be applied to all balances exceeding 90 days.
- 3) Accounts exceeding 60 days since last payment will be reviewed for collection by a third party. **If you receive a statement you do not understand, please call us immediately. DO NOT IGNORE the statement.** Communication is key to our relationship.
- 4) If an account requires collection by a third party, the patient/guarantor will be responsible for all collections fees (50% of original balance + \$25), attorney's fees, court fees, and any/all other costs incurred to collect your debt. We sincerely hope these measures will never become necessary.
- 5) **A minimum \$50 fee will be charged to your account for broken appointments and appointments canceled without 24 business hours (one business day) prior to notice.** We appreciate your respect for other patients who can utilize your reserved time and your respect for our time. We will extend the same courtesy.
- 6) Prosthetic cases (crown, bridge, veneers, etc.) and cosmetic bleaching will not be delivered until final payment has been received or specific financial arrangements are on file, including a valid credit card number.
- 7) A credit report may be requested prior to approving in-office payment plans.
- 8) There will be a charge of \$25 for all returned checks. Checks which are not rectified immediately will be surrendered to a third-party collector for legal action.

If you have any questions concerning the above information, please do not hesitate to ask. We are here to help you!

I have read and understand the above information

Patient, Parent or Guardian