



## **Financial Policy**

### **Cancellation and Missed Appointments:**

- Our doctor and staff are committed to providing you the best care possible, which includes spending time preparing for your reserved appointment. Therefore, we request a **48 hour** notice if you need to cancel an appointment. A cancellation with less than 48 hours notice, or failure to appear for your appointment, will result in a broken appointment fee. This fee will be based on the amount of time we reserved for you and the procedure that was scheduled.

### **Late Arrival to Appointments:**

- In order to provide our patients with the best possible dental care, we request that you arrive on time to your appointment. We reserve the right to reschedule your appointment if you arrive late and we do not have sufficient time to complete your treatment in a way that is consistent with our high standard of care.

### **Payment Options:**

- Payment is due at the time of service. We gladly accept cash, check, Visa, Mastercard, Discover, and American Express.
- If you need special arrangements for payment, please speak to our office manager.

### **Dental Insurance:**

- We are happy to submit your insurance claim as a courtesy to our patients. Each insurance company is different and benefits may vary by patient and plan.

- We are an in-network provider for Cigna PPO, Sunlife (through the DHA Alliance), United Concordia (through the DHA Alliance), Aetna (through the DHA Alliance), and Delta Dental Premier.
- **It is ultimately your responsibility to understand your insurance benefits and to provide payment to our office.** There is never an absolute guarantee of coverage for treatment from any insurance company.
- If your insurance policy includes a co-pay or deductible, we ask that you pay this at the time of service. Most insurance companies pay 60-80% for basic services (such as fillings, extractions, etc) and 20-50% of major services (such as crowns, SRP, etc). **Therefore, you are responsible for 20% of basic services fees and 50% of major services fees at the time of your appointment.** Following this payment, any portion not covered by your insurance company, will be billed to you.
- **If you do not have your insurance card or insurance information at the time of your appointment, we require that you pay your balance in full.** Once we receive the information, file the claim, and receive payment from your insurance company, then you will be reimbursed.

### **Additional Notes and Considerations:**

- I understand that any fee estimate for dental care can only be extended for a period of 6 months from the date of patient examination. Fees are subject to change.
- I understand that **finance charges will be applied if payment is not made within sixty (60) days.** I also understand that a delinquent account will be sent to a collection agency. To avoid delinquency, **please speak to us as soon as possible.** We make every effort to work with you to provide payment options and arrangements.
- In consideration for the professional services rendered to me, or at my request, by the Doctor, I agree to pay therefore the reasonable value of said services to said Doctor, or his assignee, at the time said services are rendered, or within five (5) days of billing if credit shall be extended. I further agree that the reasonable value of said services shall be billed unless objected to, by me in writing, within the time for payment thereof. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder.
- I grant permission to you or your assignee, to telephone me at home or work to discuss matters related to this form.

**I have read and understand the above policies and agree to follow them while working with this office.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_