PATIENT FINANCIAL & PAYMENT POLICY

Insurance: Our doctors are accredited with most insurance plans. If you do not have dental insurance coverage, the standard fees will apply and payment is expected in full at each visit.

Co-Payments and deductibles: All copayments and deductibles must be paid in full at the time service is rendered. Co-payments and deductibles are part of your contract with your insurance company and in order to uphold the law we must collect all co-payments and deductibles when due.

Non-covered services: Please understand that even with dental insurance, the majority of dental procedures are not covered 100%. Payment of non-covered or partially covered procedures is your responsibility and is to be paid at the time treatment is rendered. Prior authorizations may be required to determine the exact out of pocket cost.

Proof of Insurance: All patients are required to complete our New Patient Forms and must submit their most updated insurance and driver's license cards.

Coverage Changes: . It is your responsibility to inform the front office prior to the appointment date if there is a change in insurance. Having accurate/ updated insurance information allows the front office staff to check benefits prior to the appointment and avoids unnecessary wait time.

Claims Submission: Our office will submit claims and will provide the information needed to get claims paid. The balance of any claim or unpaid claims is your responsibility and will show as an "amount due" until the balance is paid off.

Nonpayment: Our office reserves the right to send any nonpayment to an outside billing service or collections agency 90 days after notification of the amount due. Please be advised that patients with poor payment histories may have care terminated and may no longer be able to visit our clinics.

Payment Options: We currently accept the following forms of payment. Please select payment methods you intend to use in our office:

- ○ Cash/Check
- ○ Credit Card
- ○ Care Credit

Patient Signature: ________________________________ Date: ________________________________