

FINANCIAL ARRANGEMENTS AND INSURANCE

Our office is committed to providing you with the best possible care. If you have dental and medical 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. We accept Cash, Checks, MasterCard, Visa, and American Express. Financing your treatment through Care Credit is also available to you. Plans are available in 3, 6, 12 and 18 month interest free options, if paid in full within your respective time limit.

Returned check fees and balances older than 30 days may be subject to additional collection fees and interest charges of 1½ % per month. Charges may 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:

1. Your insurance is a contract between you, your employer, and the insurance carriers. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most carriers, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to carriers that pay a percentage (such as 50% or 80%) of "U.C.R". U.C.R. is defined as usual, customary, and reasonable. This statement does not apply to carriers that reimburse based on an arbitrary "schedule" of fees, 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 carriers arbitrarily select certain services they will not cover.
4. We are not a participating provider with **Medicare**. Any services rendered will be the patient's responsibility.

You will be provided with all information needed to process your claim with your insurance carrier. We will be happy to help you process your insurance information for prompt reimbursement.

We must emphasize that, as dental care providers, our relationship is with you, not your insurance company. While providing you with the information needed for reimbursement 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 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 your insurance coverage, PLEASE do not hesitate to ask us any questions you may have. We are here to help you.

By signing below I understand and agree to the above Financial Policy the terms within it. I agree to payment at the time of service and understand that services rendered may not be a covered benefit under my current insurance policy.

Signature

Date