

Patient Name _____

ABOUT FINANCIAL POLICIES AND DENTAL INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance, we will help you receive your maximum allowable benefits. In order to do this, we need your assistance, and your understanding of our financial policy.

Payment for services is due at the time services are provided. We accept checks, cash, Visa/MasterCard, and Discover. We will provide a super bill form you can staple to your completed insurance form for submission to your dental insurance company.

Returned checks and balances older than 30 days will be subject to additional rebilling fees and collection fees.

Please realize:

1. Your dental insurance is a contract between you and your insurance company.
We are not a party to that contract.
2. Our fees fall within the acceptable range by the majority of insurance companies, and therefore are covered up to the maximum allowance as determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "U.C.R.". These "U.C.R." fees are defined as usual, customary and reasonable by most insurance companies. Each company defines it's own "U.C.R.".
3. Please refer to your dental benefits contract for covered services. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. Whenever necessary we will be happy to correspond with your insurance company to help you receive maximum benefits.

Cancellation/Failure Policy - Please be advised that we require at least 2 business days notice to cancel or change an appointment. If you cancel or fail your appointment with less than 2 business days notice, a fee of \$82 per 30 minutes will be charged for hygiene appointments and a fee of \$132 per 20 minutes of doctor time will be charged.

Please Note: All patients that are more than 15 minutes late for their appointment may not be seen and may be rescheduled. They will be treated as a "late cancellation". Please arrive for your appointment on time and 5 to 10 minutes early to fill out any required office paperwork.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you.

I certify that I have read the above financial policy.

Signature of responsible party _____ Date _____