

FINANCIAL POLICY

This statement is to inform you of our financial policy. Financial arrangements are both necessary and beneficial to maintaining a sound professional relationship.

PATIENTS WITHOUT DENTAL INSURANCE:

Payment in full is due at the time of service. We accept cash and most major credit cards. We do not offer in office payment plans, if a payment plan is needed we offer Care Credit which is a 12 month deferred interest credit card.

PATIENTS WITH DENTAL INSURANCE:

- **Please bring your insurance card to every visit.** It is your responsibility to provide us with any changes in your insurance information.
- **Not all services are a covered benefit in all contracts.** Some insurance companies arbitrarily select certain services they will not cover. *It is your responsibility to thoroughly understand the coverage and exceptions of your particular policy.* Coverage issues can only be addressed by your employer or group plan administrator. *We cannot act as a mediator with the carrier or your employer.*
- **All of our doctors will diagnose treatment based on your dental health, not your insurance coverage.**
- Most benefit plans are only designed to cover a portion of the total cost of a person's necessary dental treatment. For example, a dentist may recommend a crown for a tooth that has extensive decay, however, the dental plan may only cover the cost of a filling. This does not mean that the patient does not need a crown, only that the benefit is limited to a filling. This will also apply in the case of a white filling on a back tooth. The insurance company may consider this as cosmetic and deny or provide a lesser alternate benefit for the service provided.
- When proposing major services such as a crown, bridge or denture we can (upon your request) submit a pre-authorization form to your insurance to get an estimate of the cost to you. This amount would be due from you by the time the work is completed. **If a pre-authorization is not submitted to the insurance and the service is denied by your insurance you are responsible for the full amount charged.**
- **ALL** procedures involving lab work will require a \$250 down payment at the time of service.

Print name

Signature

Date