

FINANCIAL POLICY

Our mission is to deliver the finest most cost effective Dental Care available today. Following diagnosis, the Dentist will advise you on a plan for treatment. Additionally, we will discuss with you the cost of today's and any future treatment.

Payment for today's visit and your future visits are due at time of treatment. In an effort to make general dentistry more affordable for you, we participate in two basic types of dental benefit programs.

- **PPO (Preferred Provider Organization)** type programs are preferred providers which entitle the participant to contracted reduced fees according to their plan fee schedules. These plans generally have a percentage of the fees that are paid by the patient at the time treatment is rendered. Your insurance policy is a contract between you and your insurance company. The estimate provided by our office is considered as a guideline until final insurance payment, if any, is received and the patient's account has been paid in full. **We make no guarantee of the insurance payment as estimated.** Claims are submitted promptly after treatment is rendered, and if not paid by the patient's insurance company by the 60th day after treatment is rendered, the total outstanding account balance will be billed directly to the patient.
- **Indemnity Dental Insurance** allows for your reimbursement of a percentage of the fees for treatment services. Your insurance policy is a contract between you and your insurance company. When we accept your insurance company's assignment, it does not absolve you from full responsibility for your charges in full for the treatment rendered. The estimate provided by our office is considered as a guideline until final insurance payment, if any, is received and the patient's account has been paid in full. **We make no guarantee of the insurance payment as estimated.** The agreed upon payment plan for the patient's estimate portion must be kept current or the assignment will be cancelled and the full amount will become due and payable. Claims are submitted promptly after treatment is rendered, and if not paid by the patient's insurance company by the 60th day after treatment is rendered, the total outstanding account balance will be billed directly to the patient.

Our Team prides itself on helping our patients maximize their benefits. We are always available to answer any questions you may have regarding your treatment. **Predetermination** - Another way of determining your liability is to have our office file a Predetermination of benefits. Dental benefits plans suggest predetermination for specific procedures or when covered charges are expected to exceed a certain amount. Predetermination may take up to six weeks to process by your insurance, thereby delaying the start of your treatment and is still only an estimate and not guarantee of payment by your insurance.

The existence of a dental procedure code does not mean that a procedure is covered or a reimbursed benefit in a dental benefit plan. It is not easy for an office to become familiar with the details of every dental plan it encounters. **And it is, of course, the responsibility of the patient, not the dental office, to know what is covered and what is excluded from her/his dental plan. In order to cover deductibles, co-payment, or fee downgrades, we collect sixty percent of any amount billed to your insurance company at the time of service.** After insurance payments have been received and posted a refund check will be reimbursed to you if your account carries a credit.

There will be a \$35.00 cancellation fee for any broken/missed appointments without 24 hours prior notice. Future appointments will not be scheduled until this fee is paid. If you reach 3 broken/missed appointments you will be terminated from the practice.

Payment Options

- Cash – includes money order and personal checks.
- Credit Card – to include Visa, Master Card.
- Care Credit—offers a separate line of credit to cover your entire family's Dental needs.

It is Your Responsibility to pay for services at the time you receive them, regardless of any dental plan or insurance benefits you may have. We will provide monthly statements on accounts that have a balance. Unpaid account balances greater than 60 days will be charged a finance charge of 5% per month.

By signing below, I understand that I am financially responsible for all charges whether or not my insurance covers them. I hereby assign my insurance benefits be paid to Patriot Dental. I also authorize the Dentist to release to my insurance carrier(s), any information required to process any claim(s).

Patient's Name: _____

Signature of Responsible Party: _____ Date: _____