

### **FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE**

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been in advance by our staff. We accept cash, checks, and all major credit cards. We will be happy to help you process your insurance claim form, however, any deductible or co-payments are due at the time services are rendered.

Returned checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1 ½ % per month. Charges may also be made for broken appointments and appointments canceled without a 24 hour advance notice.

We will gladly discuss your proposed treatment, and answer any questions relating to you insurance. You must realize, however that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies and therefore, are covered to maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of "U.C.R. ("U.C.R. is defined as "usual, customary, and reasonable" fees for this region). Our fees are considered usual, customary, and reasonable by most companies. This statement does not apply to companies 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 some contracts. Insurance companies may arbitrarily select services they will not cover.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. Filing insurance claims is a courtesy we extend to our patients; however, 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 do arise, we encourage you to contact us promptly for assistance in the management of your account.

***As a courtesy, a reminder call is made a few days prior to your appointment. It is important that we verbally confirm your appointment, otherwise your appointment time may be given to someone else. Please confirm all appointments by speaking directly to the receptionist or by leaving a message on our office answering machine. We reserve the right to assess a failed appointment fee of \$75 for appointments cancelled without 24-hour notice. \_\_\_\_\_ initial here***

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.

Name \_\_\_\_\_ Home phone # \_\_\_\_\_ work # \_\_\_\_\_  
Address \_\_\_\_\_  
Who is financially responsible for this bill? \_\_\_\_\_  
I will be paying today by: Cash Check Credit Card

I understand and agree that, (regardless of my insurance status), I am ultimately responsible for the balance on my account of any professional services rendered. I have read all the information on this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date