

FINANCIAL POLICY

We would like to take this opportunity to welcome you to our dental practice and assure you we will do our utmost to provide you with the best dental care possible. Our goal is to deliver the very best dental care possible, performed with care and completed to your satisfaction.

Financial Arrangements & Fees

Patients are required to pay for service at the time of treatment unless other financial arrangements have been mutually agreed upon.

- We accept, cash, check, and/or credit cards.
- Extended financial arrangements are available (ask about our Norwest option).

Dental Insurance

- If you are permitted to seek out dental care wherever you choose, and are not limited by a "list" of dentists within a network a network of providers with a fixed schedule of fees, you most likely have "Traditional Dental Insurance".
- If you are limited to offices in a provider network which offers you reduced fees and other benefits limited to this network, you most likely have "Managed Care Dental Insurance".

Patients with Traditional Dental Insurance

Traditional dental insurance rarely provides 100% coverage for dental treatment. It is intended to be a partial subsidy limited to percentages and coverages based on your employer's choice of dental plans. We will be happy to submit all insurance claims for you and to obtain the appropriate benefits from your insurance carrier as a courtesy to you.

Most traditional dental insurance plans are also limited by annual maximums and because reimbursement from your insurance carrier is not processed until after treatment is completed, it is impossible for our office to guarantee in advance what the reimbursement amount for your treatment will be.

- Routine treatment, therefore, is generally performed without obtaining a pre-determination of benefits. Annual benefit maximums and patient balances can only be estimated even if pre-determinations are requested.
- Please be aware that you are responsible for any balance on your account, even in cases where pre-determined benefits are changed or altered by your insurance carrier after we submit for reimbursement. Coverage limitations resulting in non-covered services will be the responsibility of the patient.

- Most often there is a co-payment required by your insurance, even in cases where there is dual insurance coverage.
- Most insurance companies will only pay for what they consider the "standard" level of care (silver fillings, metal crowns, etc.) as opposed to newer, more advanced treatments and materials (tooth colored fillings, cosmetic bonding, porcelain to gold crowns etc.) Coverage and reimbursement amounts for these elective and more advanced treatments cannot be predicted with any certainty in advance. If you choose the more popular cosmetic and elective treatments, please remember that you are responsible for all balances over and above your insurance company allowances.

Patients with Managed Care Dental Insurance

- Managed care dental plans offer the patient a restricted list of dental providers with a fixed fee for service.
- You are most often not limited by annual maximums or percentage coverages.
- Unlike traditional dental insurance which reimburses the dental office directly based on annual maximums and percentage coverages, all managed care payments come directly from the patient only.

Additional Terms

- Billing Charges-We find the cost of carrying past due accounts in terms of administration, telephone calls, printing and mailing of statements to be prohibitive; therefore, any unpaid balance beyond ninety (90) days may have a billing charge of (1 1/2%) per month added to their account.
- Failed Appointments-Emergencies do happen and illnesses do occur without warning. However, any failure to arrive for a scheduled appointment or cancellations without prior twenty-four (24) hour's notice may have a charge applied to your account.
- Collection Fees-If your account referred for collection, you will also be responsible for collection costs in the amount of 30% of the outstanding balance, together with court costs and reasonable attorney's fees.

MY SIGNATURE BELOW SIGNIFIES THAT I HAVE READ THE ABOVE AND UNDERSTAND THE FINANCIAL POLICY OF THIS OFFICE.

Signature of Patient or Guardian

Today's date