

FINANCIAL & HIPAA POLICY

Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the highest quality lifetime dental care, so that you may fully attain optimum oral health. Please understand that payment of your bill is considered part of your treatment.

In order to reserve your appointment, a minimum payment of 10% of the patient portion is due the day the appointment is scheduled. The remaining portion will be due at the time the service is provided. Our office accepts cash, personal check, Amex, MasterCard, Visa, and Discover. Outside financing is available upon request and approval.

*Please note: Returned checks will be subject to additional fees. In the case it becomes necessary for our office to enlist a collection service and/or legal assistance, you will be responsible for any collection and/or legal charges incurred.

- As a courtesy to you, we will help you process all your insurance claims. Please understand that we will provide an insurance estimate to you. However, it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your plan benefits ultimately determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible.
- All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer and your insurance company. Our office is not a party to that contract.
- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.
- We ask that you sign this form and/or any other necessary documents that may be required by your insurance company. This form instructs your insurance company to make payment directly to our office.
- We ask that you pay the deductible & 10% of the patient portion at the time the appointment is scheduled; payable by either cash, check, Amex, MasterCard, Visa or Discover. The remaining portion will be due at the time the service is provided.
- Insurance payments are ordinarily received within 30-60 days from the time of filing. If your insurance company has not made payment within 60 days, we ask that you contact your insurance company to be sure payment is expected. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however, enter in dispute with your insurance company over any claim.

We thank you for the opportunity to serve your dental healthy care needs and welcome any questions you may have concerning your care or our financial policy.

I have read, understand and agree to the above terms and conditions. I authorize by insurance company to pay my dental benefits directly to my dental office.

Signature: _____ Date of Signing: _____

Name (please print): _____