

Payment Policy

We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the quality care needed to enjoy a healthy and confident smile.

PAYMENT IN FULL

Full payment is required at the time of service from all patients that do not have insurance coverage.

PAYMENT OPTIONS

- **CASH OR CHECK:** We are happy to accept a personal check, however there will be a \$25.00 charge for all returned checks.
- **CREDIT CARDS:** For your convenience, we have made arrangements to accept payment by Mastercard, Visa, Discover and American Express.
- **CARECREDIT:** For your convenience, we also accept CareCredit as a form of payment. Per their policy, please visit their website to apply.
- **PAYMENT PLANS:** For patients who desire a monthly payment plan, you may inquire to our front desk manager.

DENTAL INSURANCE

We are happy to see that you receive the full benefits of your coverage, but we cannot guarantee any estimated coverage. Your unpaid deductible and any estimated portion of fees not covered by your insurance are due at the time of service. Because the insurance policy is an agreement between you and the insurance company, we ask that patients be directly responsible for all charges. If for any reason your insurance company has not paid their portion within 60 days from the start of treatment, you are responsible for payment at that time.

PAST DUE BALANCES

A past due balance is any amount owed from a prior visit where insurance is not pending or an insurance payment has not been received within 60 days. All unpaid balances are subject to a 1.5% monthly service charge. Any delinquent account will be required to pay all past due balances in full before incurring any new charges. All future charges will need to be paid at the time services are rendered. Severely delinquent accounts will be assigned to a collection agency.

CANCELLATION OF APPOINTMENTS

For all hygiene appointments (routine and deep cleanings) cancelled less than 24 hours notice, the full co-payment amount will be charged to your account, not billable to insurance. For all other appointments, you would be subject to a \$35 service fee for cancellation no show without 24 hours notice. If you need to cancel, please do so during our regular business hours by phone or text message.

X-RAYS AND/OR RECORDS

Duplication of x-rays and or records will only be released with a written request by the patient or guardian. There is a \$25.00 duplication fee for these x-rays and or records.

If you have DENTAL INSURANCE please read the below

Processing dental insurance adds substantially to the cost of dental insurance. In an effort to minimize passing the rising costs to you, the patient, we have instituted the following policies:

It is the sole responsibility of the patient to provide us with insurance forms at the time of EACH and EVERY appointment if your insurance company requires their form for submittal. The forms must be completely filled out with ALL information required by your insurance company and failure to do so can cause a delay in payment which you may be responsible for full payment until your insurance company process' payment on your behalf. It is the sole responsibility of the patient to determine if they are eligible for dental insurance

benefits, status of yearly maximum, covered benefits and or procedures deemed necessary by the dentist. If your insurance company denies payment on a claim for ANY reason you are responsible for payment in full upon receipt of statement. A service charge of 10% per annum may be charged to any balance over 30 days.

All patient payments or co-payments are due and payable on the day the service is rendered. Please be prepared to pay your estimated patient portion on your appointment date. We accept personal checks, most major credit cards. We also can recommend a health credit card that may be applied for and used for your estimated patient portion, if approved. In general, there is a contractual agreement between the dental insurance carrier and the insured (patient). This contract is NOT between the dentist and the insurance carrier. We bill out your claims to your insurance carrier as a courtesy. It is the sole responsibility of the patient to make sure payment is received from your insurance company within the 90 days no interest grace period. If you have not received notification within 90 days from your insurance carrier that your services have been paid on your behalf, we strongly suggest that you **contact your insurance carrier directly** to expedite payment to our office. It is at the 60 day billing period that if your claim has not been paid, we reserve the right to request payment in full from you.

- **Most insurance companies do not pay 100% of our billed fees.** This results in a co-payment or patient portion payable by you.
- Most insurance policies have an annual deductible that must be met each year at the time of your first visit.
- You are responsible for full payment of your account after 60 days, regardless of pending insurance claims.
- All co-payments or patient portions **must be paid within 10 days of notice**.
- Any intervention by our office IE: billing, prior authorizations , tracers, inquiries, etc. on behalf of the patient, with their insurance carrier, shall in NO WAY relieve the patient from ANY or ALL of their responsibility as stated in this document.

Signature

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Date of Signing

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Relationship to the patient

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Name

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