

FINANCIAL POLICY

PAYMENT IS EXPECTED AT THE TIME SERVICE IS RENDERED. WE ACCEPT CASH, CHECKS, AND CREDIT CARDS.

INSURANCE:

Professional services are rendered and charged to you, not your insurance company. Please understand that the contract is between you and your insurance company and payment for services is your responsibility. We will accept assignment of claim for both primary and secondary insurance. All deductibles and co-payment amounts not covered by your insurance are to be paid in full at the time of treatment. Financial arrangements must be made prior to starting treatment. Our office will not enter into a dispute with your insurance company over your claim. It is your responsibility to ensure that the claim is paid. We will file your claim one time. You will receive a statement every month your account shows a balance due, regardless of insurance expectations. If at the end of 30 days, your insurance has not paid, you will be responsible for the entire balance. Upon request, we will supply you with a copy of your claim so you may resubmit it if necessary. You are responsible for providing to your insurance company any additional information they may need from you. It is your responsibility to inform us of any changes in your **address, phone numbers, employment and dental benefits**. In order for us to honor your insurance you must provide proof of insurance coverage (i.e. insurance card, completed claim form, or benefits book, etc) and we must be able to verify your coverage and current benefits. If verification can not be made you will be responsible for full charges to be paid at the time of service. You will be given the proper paperwork to file with your insurance company.

USUAL AND CUSTOMARY FEES:

Our fees are what is usual and customary in our area not what your insurance company feels are usual and customary. You are responsible for any fees that are above your insurance companies usual and customary fees unless we are a participating preferred provider (PPO) in your network.

FEE SCHEDULES:

Some insurance plans pay from a fee schedule. We may not have your insurance company's fee schedule. In order for us to accept assignment for your insurance, you will need to provide us with a copy of your fee schedule. You will find this in your benefits book or you can obtain it from your human resources department.

BROKEN APPOINTMENT POLICY:

Please consider your scheduled appointments carefully. **We require a 48-hour cancellation notice. If we do not receive a 48-hour cancellation notice you may be charged with a broken appointment fee of \$35.00 that will not be paid by your insurance company.** We cannot accept phone messages for cancellation after business hours. If you repeatedly miss scheduled appointments you will be asked to pursue treatment at our discretion.

OFFICE FEES:

You may pay by cash, check, credit card or money order. If you present a check for insufficient funds, or place a stop payment on an issued check, you will be charged a \$25.00 processing fee. Checks will not be reprocessed. We charge 1.5% monthly (18% annual) interest on all past due balances. **PRIMARY SUBSCRIBER IS RESPONSIBLE FOR COLLECTION FEES, COURT COSTS, AND REASONABLE ATTORNEY FEES TO COLLECT UNPAID ACCOUNTS.**

I HAVE READ, UNDERSTAND, AND AGREE TO THE STATEMENT OUTLINED ABOVE.

Signed: _____ Date: _____