



Acknowledgement of Financial Policy

We are always happy to help patients with billing, insurance and payment questions. If you need any assistance, please ask our front desk staff.

Payment is due at the time of service for all patients. We gladly accept most insurance plans, except health/dental discount cards, Medicare or Medicaid. Our office is an “in-network” provider for Delta Dental (Premier level), Momentum and American Dental Plan. Coverage levels will depend on a patient’s specific plan and policy.

Patients without insurance: For patients who do not have insurance, have lack of endodontic coverage, or are not billing any portion of their service through an insurance provider, we offer a 5% discount with a check or cash payment and a 3% discount for credit card payments.

Patients with insurance: As a courtesy, we will look into your insurance benefits to help determine what coverage you have at our office and what your **estimated** patient portion will be. The estimated patient portion is due the day of service, and is not subject to the discount. We will process and submit insurance claims, and we understand that most involve some delay in payment. If your insurance company does not render its portion within 45 days, the balance is your responsibility and is due within 20 days of receipt of our billing statement.

Payment Plans/Financing: Our payment plan option is Care Credit, a financing company that offers 6 or 12 months interest free for amounts \$200 and above. You must apply for Care Credit **before** your appointment as we are unable to apply for you in office. For more information, please feel free to ask our front office staff.

Refund Policy: If a patient’s insurance company pays more than we anticipate, a refund check for the amount of the overage will be issued to the patient or guarantor (if patient is a minor) of the account. If a patient requests a partial or full refund for any other reason, that request is handled on an individual basis between the providing doctor, the patient and our office staff.

Noncompliance: Noncompliance with this policy may result in the assessment of late charges and/or your account being sent to a collection agency. We are always happy to answer any questions you have about fees and billing prior to initiating any scheduled treatment.

I understand and accept the terms of the financial policy outlined above.

Patient Name (please print) _____

Patient Signature _____ Date _____

Parent/Guardian Name _____
(for patients under 18 years of age)

Parent/Guardian Signature _____ Date _____
(for patients under 18 years of age)