PRACTICE FINANCIAL RESPONSIBILITIES

Welcome to our dental office! Thank you for choosing us as your dental health care provider. Once you have had your x-rays and initial exam, we will put together your recommended treatment plan, including issues that require immediate attention, your options, and financial obligations. Any treatment necessary found other than outlined in your dental treatment plan, will be discussed with you prior to being performed. Our motto is **"We inform before we perform".**

We are committed to the success of your dental care and treatment! Please understand that payment is expected at the time of service. The following is a statement of our Financial and Insurance Policies which we require you to read and sign prior to any dental treatment. You as the responsible party must provide us with a copy of your **Driver's License and insurance card, the office will copy any requested copies of your records/x-rays at the cost of $35.**

Patients without insurance: Are required to pay for services rendered on the day of treatment. We accept cash, Master Card, Visa, American Express and Discover, Care Credit, Sun bit and Proceeds.

HMO/PPO Insurance assignment: We will gladly file your insurance claim for you; however, you will be required to pay the **ESTIMATED** patient portion due, deductible and/or co-payments at the time your dental treatment is rendered. We are taking on the responsibility of waiting for the insurance payment and can never guarantee what an insurance company will pay toward your dental service, regardless of the breakdown we received from the insurance company prior to the appointment. Your dental insurance is a contract between you and your company, not our office. We will do our best to help you maximize your benefits. However, if after 60 days payment has not been paid by your insurance company all balances will be due by you as the responsible party. If predeterminations are required for any service, we will be happy to submit prior to treatment and go over what they can do for you.

Financial arrangements: We offer both inside and outside financing depending on your treatment plan outline. The options will be discussed with you once the treatment plan has been presented.

Missed or Broken Appointments: We require a 48-hour notice if you cannot make your dental appointment. Otherwise, you will be charged for a **missed or broken appointment fee of $50.00 per hour appointment scheduled.** We confirm your appointments in advance however, this is only a courtesy. The time we reserve is especially for you, which we respect. However, if missed or broken appointments occur, we cannot see others who need our dental care and services. Missed appointments are not covered by insurance therefore it is your responsibility prior to making any additional appointments @ Dental Team to cover this charge.

Collections and Attorney Fees: If for any reason, financial arrangements are broken and insurance did not pay their portion for the completed treatment, I, being the responsible party will be responsible for the balance due. Otherwise, I will be responsible for 33% added to my account balance for the collection agency fee. I will also be responsible for costs and attorney fees associated with the collection of the outstanding monies due and payable to Dental.

Print name of responsible party: _____ **Date: _____**

Signature of responsible party: _____ **Date:_____**