

FINANCIAL POLICY TERMS AND CONDITIONS

It is our professional and ethical responsibility to treat all patients impartially by giving individual consideration to each patient's dental needs, rendering ideal comprehensive treatment to restore optimum health, and charging equivalent fees. Our fees have been reached by determining the best treatment for the patient relevant to the diagnosis of their dental problems and charging accordingly based on our time, expertise, expense incurred, and medical / dental standards of care.

WHEN PAYMENT IS DUE

Full payment is due at the time the service is rendered or delivered to you. We accept cash, check, credit/debit card, medical assistance, and dental insurance benefits. Balances are considered past due the day after services are rendered.

WHO IS RESPONSIBLE FOR PAYMENT

The patient or financially responsible party is directly responsible to the dentist for payment at the time of service. Our professional services are rendered and charged directly to the patient's account - regardless of insurance benefit plans or 3rd party payers.

The parent, guardian, or adult accompanying a minor patient is responsible for full payment at the time of service. This includes cases involving separation or divorce. Unaccompanied minors will have elective treatment denied unless services have been prepaid or payment by cash, check, or credit card at the time of service has been verified.

DENTAL INSURANCE BENEFIT PLANS

The dental benefit plan is a contract designed for an employer to provide payment assistance to employees for some dental services; the employer, the employee, and the insurance carrier are parties to that contract. Some plans provide basic coverage, while others provide for services deemed reasonable and necessary. None, however, cover all services. All plans are bound by contract limitations, deductibles, and maximum yearly dollar amounts. Please be aware that some, and perhaps all, of the services we provide may be non-covered under the terms, definitions, and conditions of the plan your employer purchased. Our professional services are rendered to and charged directly to the patient, not the insurance company. We cannot and do not alter our diagnosis, treatment, or any service based upon what your particular dental plan allows or recommends; our treatment is determined contingent upon the diagnosis of your particular condition, dental standards of care, and our experience and expertise. Questions concerning benefit coverage or lack of coverage need to be directed to your employer's benefit manager or the insurance carrier. It is the patient's responsibility to know and understand their coverage. The patient is responsible for the complete balance, regardless of the amount of assistance received from dental benefit plans. If you have dental insurance, bring your information including photo ID, insurance card, and copy of your summary of benefits declaration. We are not obligated to accept insurance payments. As a courtesy, we may submit your claim to your insurance carrier for proper processing and reimbursement.

TREATMENT ESTIMATES AND PREDETERMINATIONS OF DENTAL BENEFITS

Upon your request, we can provide you with an estimate of dental expenses before your treatment begins; pre-treatment estimates represent our professional assumptions of the treatment needed per our diagnosis of your condition and our understanding of your dental benefits plan; our actual treatment fees can decrease or increase slightly during the procedure if new or otherwise unanticipated information becomes apparent that alters our diagnosis or plan of treatment. (It should be noted that your insurance carrier may not give us access to your benefit coverage tables; for a more precise estimation of your dental insurance coverage, please consult your insurance carrier.) At your request, a *Predetermination of Benefits* can be sent to your dental plan carrier in advance of treatment; *Predetermination of Benefits* is not a guarantee of payment by the carrier.

FEE ARRANGEMENTS AND OPTIONS

1. PERSONAL PAYMENT IN FULL AT THE TIME OF SERVICE BY CASH, CHECK, CREDIT/DEBIT CARD, MEDICAL ASSISTANCE, DENTAL INSURANCE BENEFITS, AND COMMERCIAL FINANCING.

2. ASSIGNMENT OF DENTAL INSURANCE BENEFIT PAYMENTS.

We may agree to accept assignment of insurance benefits after your second visit upon insurance verification. (Note: this is not an option for the first appointment.) You will still be required to pay the deductible/co-pay amounts at the time of service or pre-authorize your account balance to be transferred to your credit card after the insurance benefit payment has been credited.

Regarding insurance plans where we are a participating provider: all deductible/co-pay amounts are due at the time of service unless you pre-authorize your account balance to be transferred to your credit card after the insurance benefit payment has been credited.

If your insurance company has not paid your dental service within 30 days, you will be expected to make full payment of the remaining balance, and we may automatically transfer that balance to your credit card.

3. PRE-PAYMENT FOR SERVICES BY CASH, CHECK, OR CREDIT/DEBIT CARD.

4. AUTHORIZATION FOR ALL DENTAL FEES TO BE TRANSFERRED TO CREDIT/DEBIT CARD FOR PAYMENT.

5. A PAYMENT PLAN THROUGH A COMMERCIAL LENDING SERVICE PENDING CREDIT APPROVAL; many include "90 days same as cash" options.