

FINANCIAL ARRANGEMENTS AND INSURANCE

We are committed to providing you with the best possible care. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for your portion is **due at the time services are rendered**. We accept cash, checks, MasterCard, Visa, Discover and Care Credit. We will be happy to process your insurance claim form and wait for reimbursement, for no longer than eight weeks. If after eight weeks, the balance remains unpaid, it then becomes the patients responsibility.

Balances older than 30 days are subject to finance charges of 1.5% the balance per month. Charges may also be applied for appointments that are canceled without 24 hours advance notice.

We will gladly discuss proposed treatment and answer any questions relating to your insurance. You must realize however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are **NOT** a party to the contract.
2. Our fees are generally considered to fall within the acceptable range by **most** companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to those companies who pay a percentage (such as 50% or 80%) of the "U.C.R.". U.C.R. is defined as usual, customary and reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable by most companies. This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. This does not mean to imply that the treatment is not needed, just that it is not a covered service.

We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy we extend to our patients, **ALL** charges are your responsibility from the date that the services are rendered.

If you have any questions about the information provided above please don't hesitate to ask.

I UNDERSTAND AND AGREE THAT (REGARDLESS OF MY INSURANCE) I AM ULTIMATELY RESPONSIBLE FOR THE BALANCE ON MY ACCOUNT.

Patient signature _____