

Dental Practice Financial Policy

As a condition of your treatment by this office, financial arrangements must be made in advance.

The practice depends upon reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment. As consistent with applicable laws and the policies of the patient's applicable dental insurance or other third-party payer coverage, we require the following:

- All emergency dental services and any dental services performed without previous financial arrangements must be paid for in cash at the time services are rendered.
- All dental services are charged directly to the patient and the patient is personally responsible for payment of all dental services, even if the patient carries dental insurance. This office will, as a courtesy, help prepare the patient's insurance forms and may assist in making collections from dental insurance companies, and will credit any collections from insurance to the patient's account.
- Fee estimates for dental care can only be extended for a period of six months from the date of consultation.
- Payment for services is due at the time of treatment, or if billed by this office, payment is due within thirty (30) days of billing.

By signing below, I understand that I am financially responsible for all charges whether or not paid by insurance. I understand if my account becomes delinquent, and is sent to a collection attorney or collection agency, I will be responsible for an additional collection fee of \$50 or 20% of the balance owed, whichever is greater. I hereby authorize and understand that a fee of \$30 will be charged to me in the event that I do not show up to an appointment or give a 24 hour notice to cancel or reschedule the appointment.

I have read the policies above and my signature below serves as an acknowledgement of a clear understanding of my responsibilities including financial responsibilities.

Print Name: _____

Signature: _____

Date: _____

