

FINANCIAL POLICY

Our hope is to make your visit to our office as comfortable as possible. We appreciate the trust you have placed in us by giving us the opportunity to provide you with excellent service and patient care. To assure your care comes first, we want to make our financial policy clear so there are no misunderstandings. We want our relationship to be long term; having clear expectations for all of us will help to achieve that goal!

INSURANCE:

We will be happy to bill your insurance as a courtesy to you. For us to do this, you must first provide us with accurate and up-to-date insurance information. We will attempt to ESTIMATE what your insurance payment will be. We'll cover estimates more a little later.

PATIENT PORTION:

Most insurance companies will pay only a percentage of the fee for your dental services. Our expectation is our patients will pay their portion at the time services are rendered. Once again, your patient portion is an ESTIMATE of what your responsibility will be.

ESTIMATES:

We are able to provide you with a treatment plan that will estimate your out-of-pocket expense for the services you need. It will include our fee, the ESTIMATED insurance payment and your ESTIMATED balance after insurance. We try to come as closely as possible to your actual benefits; sometimes this is not possible, as unforeseen complications or insurance changes can affect reimbursement. YOUR INSURANCE COVERAGE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE CARRIER. AS A RESPONSIBLE CONSUMER IT IS IMPORTANT FOR YOU TO UNDERSTAND YOUR COVERAGE.

MISSED APPOINTMENTS:

Your appointment time is reserved just for you. When you do not come to a scheduled appointment, you deprive yourself of your needed care, but you also deprive another patient of the doctor's undivided attention and much needed services. **To discourage this, we require notification of cancellation 48 hours prior to your appointment. A \$50.00 fee will be charged for appointments failed.**

PAYMENT METHODS AND FINANCIAL PLANS

We accept cash, debit cards, checks, VISA or MasterCard. We have several options available to assist you in obtaining financing for larger procedures. Our Patient Care Coordinator will be happy to discuss these with you. Just ask!

RELEASE OF RECORDS AND ACKNOWLEDGEMENT

I have read the Financial Policy for Advanced Dental Care. I allow release of my x-rays and records to my insurance company as needed for processing of my insurance claim. I also allow release of same to other dental and/or medical specialists as needed as is necessary for continuation of my dental care. I allow photographs to be taken of my mouth and dental work for the purpose of education and as a record of my treatment progress.

PATIENT SIGNATURE _____ DATE _____