



Financial Policy

Ensuring that our patients receive the highest quality of care is the goal of our practice. 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 financial policy.

Payment for services is due at the time services are rendered with the rare exception when payment arrangements have been approved in advance by our staff. We accept cash, checks, MasterCard, Visa, American Express, and Discover cards. We also offer extended payment arrangements through Care Credit, which allows you to start treatment today and spread payments over time. You will receive a completed dental insurance form with all the necessary information and signatures provided. You may then attach it to your insurance form and submit it to your carrier for reimbursement. Prior to submission be sure you have completely filled out the personal information on your form.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. At your request we can obtain a pre-determination of benefits from your insurance carrier. 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 that 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 statement does not apply to companies who reimburse based on an arbitrary fee schedule which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies exclude various services.

We must emphasize as health care providers, our relationship is with you not your insurance company. While aid in filing insurance claims is a courtesy that we extend our patients, all charges are your responsibility from the date the services are rendered.

Signature of patient/Responsible Party

Date