

# Insurance and Financial Agreement

This insurance agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs. We would like you to understand that your dental insurance is a benefit that will help you pay some of the costs of your dental care. However, all charges incurred are your responsibility regardless of insurance coverage.

Our practice is contracted with numerous insurance companies as a preferred provider which means that you will have a smaller copay than you would at many other practices in this area. Many insurance plans cover a specific frequency of preventative/diagnostic visits (cleanings, exam, x-rays) at 100%. You will generally have a copay for most other procedures, covered at a range dependent upon your specific agreement with your insurance. Many insurance plans have an out of pocket deductible that must be met each year prior to coverage commencement.

As a courtesy to you, we will help you process your insurance claims. We will be receiving the payments directly at our office. Please remember, the contract with the insurances are agreements between you and your insurance company. You are the policy holder and our office is not responsible for disputes between the insurance company and the insured. While we try to accommodate, the underlying responsibility to know what benefits are available to them is ultimately the policy holder's. For our office to file your insurance claim, you must bring your insurance card containing the name, address, phone number of the insurance company and the subscriber's identification number, social security number, group number, employer, address and date of birth.

Your estimated copayment for treatment, which is the amount not covered by your insurance, is due at the time services are rendered. Your copay may be adjusted after the time of service depending on the final reconciliation of insurance payments. Please note, without a preauthorization, these estimates are not exact amounts as the insurance companies do not provide fee schedules and are based on prior payouts. Our office accepts cash, personal checks, Visa, Mastercard, American Express. Outside financing is available upon request through CareCredit.

Returned checks and balances older than 60 days will be subject to collection fees and finance charges at a rate of 1.5% per month (18% annually). Our office works with a collection agency and will report an account to collections after 120+ days past due.

Please do not hesitate to ask if you have any questions regarding this financial agreement. We are committed to providing you with the most positive experience in dental care.

## **Policy for Late Cancelled or Missed Appointments**

Failed and missed appointments are extremely costly. Appointments are confirmed by our office 24-48 hours in advance. If you know you will not be able to keep your verbal contract, please call our office at least 48 hours in advance. We do realize that there are emergency situations, and we are more than happy to discuss this policy when those situations arise. A missed or late cancelled appointment fee can range from \$60-100.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_