

Office Financial Policy

Thank you for choosing us as your dental health care provider. We believe that all patients deserve the very best dental care we can provide. It is important to us that the cost of optimal care is as easy and manageable for our patients as possible.

Payment Options

- Payment is due at the time services are rendered
 - o Visa, Master Card, Discover, Cash, and Checks
 - We offer a 5% courtesy adjustment to patients who pay for their treatment with <u>Cash</u> or Check
 - We offer a 5% senior discount patients over the age of 65
 - o Refunds for overpayment will be sent after all treatment is completed and insurance has been collected
- Convenient monthly payment plans from Care Credit
 - Extended payment plan with prior credit approval
 - Allows for you to pay 6, or 12 months deferred/no interest if paid in full
- Payment Plans
 - o As a courtesy to our patients, we offer a no interest payment option up to 5 months for dental treatment over \$1,000
 - o Payments are taken out around the 15th of every month with the credit card filled out on the Automatic Debit/Credit Card Charge Form
- Sedation
 - o If you require sedation, we will make payment arrangements prior to your appointment time

Dental Insurance

- We request that any co-payments, deductibles, and any services not covered by your insurance plan be paid at the time the service is provided. **The balance is your responsibility whether your insurance company pays or not.**
 - o If your insurance payment is delayed beyond 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.
- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary
 for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual
 and customary rates.
- Some insurance companies will not reimburse for white composite fillings. Instead, they reimburse you for less
 expensive silver/mercury fillings. If you have one of these plans, you may be responsible for a greater percentage of
 the cost of these fillings.
- Since we will administer hundreds of employer benefit plans, we cannot know the details of every plan. It is the patient's responsibility to know the details of their coverage.

Broken Appointments

• There will be a fee of \$75.00 charged to patients who miss or cancel more than 2 times in a calendar year without 48 hours notice. We value your time, as well as our own. This allows us the opportunity to schedule another patient in the appointment time you are unable to make.

Thank you for understanding our financial policy. We hope by presenting our policies to you in the beginning, we will avoid any misunderstandings. We look forward to providing the highest quality dental care. If you have any questions regarding the above information or insurance coverage, please do not hesitate to ask.

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Patient Signature		Date

I have read and agree to the payment and office policies at Bear Tooth Dental