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Office Financial Agreement

Welcome to our dental practice. We are committed to providing you with high quality dental care. In order to achieve this goal, we need your assistance, and your understanding of our financial policy. PAYMENT FOR SERVICES IS DUE AT THE TIME THE SERVICES ARE RENDERED. WE ACCEPT CASH, CHECKS, POST-DATED CHECKS, AND SEVERAL CREDIT CARDS. If you have dental insurance, we will be happy to process your dental insurance claim for you, but ask that you take care of co-payments at the time of service, and request that you provide us with all the information necessary to process this claim at the time services are rendered.

- 1. Payment (or anticipated co-payment and deductible) is due at the time of service. You are ultimately responsible for the payment of your account in full, in a timely manner, and agree to do this.
2. Your dental insurance is a contract between you, your employer, and your dental insurance carrier. We are not a party to that contract.
3. Quoted anticipated fees are usually based on estimated which are derived from presently available information, which may or may not accurately represent what your benefit actually is, or may change based on additional clinical findings.
4. Our fees are generally considered to fall within the acceptable range by most insurance carriers, and therefore are usually covered up to a maximum allowance determined by each carrier. This applies to companies who pay a percentage of the 'U.C.R.' fee. 'U.C.R.' fee is defined as the usual, customary, and reasonable by most insurance carriers. This statement may or may not apply to carriers who reimburse based on an arbitrary 'fee schedule', which often bears no relationship to the fees or standards of care in this area.
5. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services, certain existing conditions, or certain time frames or waiting periods, for services that they will not cover. You are responsible for all fees.
6. Co-payments and deductibles are due at the time service is rendered.
7. Statements are sent out once a month, and are due in full within 14 days of receipt. Statements are usually held until the insurance carrier remits payment, or for 60 days, but may indicate that some portion of your balance is still pending with the insurance carrier. If your insurance pays more or less than anticipated, your account will be adjusted accordingly, and a second statement may then be issued, or an account adjustment may then be made.
8. As a courtesy to you, our office will file, and follow-up with your dental insurance claim for a period of 60 days. After 60 days, it then becomes your responsibility to follow-up with your dental insurance claim on your own, and your account then becomes due in full.
9. If you are referred to another provider's office, that office will bill you separately.
10. If you have children who are involved with a divorce, separation, or custody situation, we are not party to that arrangement and will hold the person bringing the child to this office as the financially responsible party for the child.
11. If you have questions concerning our policies, please ask us to have them clarified.
* We must emphasize to you that as dental care providers, our purpose is to provide you with dental care, and not act as a bank or a collection agency. Our relationship is with you, the patient, and not with your insurance carrier. While the filing of dental insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the service is rendered. We realize that temporary financial problems may occasionally affect timely payment of your account, but if such situations do arise, we encourage you to contact us immediately regarding the management of your account. If you have questions about the above information, or have any uncertainty regarding payment or insurance coverage, PLEASE don't hesitate to ask us. We are here to serve our. By signing this form, I agree to the terms and conditions listed here. Thank you!

X SIGNATURE DATE