# FINANCIAL POLICY

We welcome and encourage frank discussion of services and fees prior to treatment to avoid misunderstanding. We want our patients to understand our fees and be satisfied they are reasonable and equitable. If you have insurance, you are still responsible for payments on this account. **REMEMBER – YOUR INSURANCE POLICY IS AN AGREEMENT BETWEEN YOU AND THE INSURANCE COMPANY**. We are only a third party to this agreement. No insurance company attempts to cover all dental/medical costs. Some pay fixed allowances for certain procedures; others pay a percentage of the charge. It is **YOUR** responsibility to pay any deductible and any balance not paid by your insurance. Any questions about insurance can be discussed with the business staff. We will be happy to help you receive the maximum benefits available under your policy.

In an effort to control operating expenses, we require that you pay 50% of your total bill for all non-preventative procedures (not including your deductible). The balance is due in full within thirty days. We also collect $30.00 at the time of your initial visit if our office does not participate with your insurance company. This amount will remain on your account as a credit until we receive all payments from your insurance company. Please call the business office to request any refunds. If a refund is requested from a credit card processed, we must credit your refund back to a credit card.

Since we are not a party to the agreement with your insurance carrier, it is not our policy to contact carriers to establish why they have not paid or why they are paying less than originally indicated.

There is a $25.00 charge on all returned checks.

There is a $25.00 charge for broken appointments. Please give at least 24 hour notice for cancellations.

A finance charge of 1.5% per month (18% APR) is added to all balances over 30 days old.

***I have read and understand the above policies and my financial obligation to this office and agree to all the terms.***

Signature _____

Date _____