

## About Financial Arrangements and Dental Insurance

We are committed to providing you with the best possible care. If you have dental or medical 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 payment policy.

Payment for service is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, Master Card, Visa, and Discover. If this does not meet your needs, a line of credit up to 12 MONTHS INTEREST FREE may be obtained.

If you have dental insurance benefits, we will be happy to help you process your insurance claim form for your reimbursement. Any such requests must be accompanied by a Completed insurance form at each visit. In special instances, we may accept assignment of insurance benefits.

Returned checks and balances over 30 days will be subject to additional collection fees, and interest charge of 1.5% per month. This is an 18% annual rate. Charges will also be made for broken appointments and appointments canceled without 24 hours notice. If this account is assigned to a collection agency for collection and/or suit, you agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorney's fees, we incur in such collection efforts.

We will gladly discuss your proposed treatment and answer your questions relating to your insurance. You must realize however that:

1. Your insurance is a contract between you, your employer and your insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most insurance companies, and therefore are covered up to the maximum allowance determined to be acceptable by each carrier. This applies only to companies that pay a percentage (such as 50% or 80%) of "U.C.R." U.C.R. is defined as usual, customary, and reasonable by most companies. This statement does not apply to companies that reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select service they will not cover. We must emphasize as dental care providers, our relationship is with you and not with your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

I authorize the release of any information necessary to determine liability for payment and to obtain reimbursement on any claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable to which I am entitled including Medicare, private insurance and other health plans to this practice. This assignment will remain in effect until revoked by me in writing. A photocopy is to be considered as valid as the original.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date

I will be paying today by: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ MC/Visa or Discover \_\_\_\_\_ CareCredit