



## Our Financial Policy

Thank you for choosing us for your periodontal treatment. We are committed to helping you make your treatment successful. The following is a statement of our financial policy, which we would like you to read and sign prior to treatment, so that misunderstandings or frustrations may be avoided.

**Payment is due at the time of service. We accept all major credit cards and offer payment plans through Care Credit.**

### Regarding Insurance:

Please remember, insurance is considered a method of reimbursing the patient for fees paid to the doctors and is not a substitute for payment. Some companies pay fixed allowances for certain procedures and others pay a percentage of the charge. We will gladly file the necessary insurance forms with your company as a courtesy, but you are responsible for the entire fee regardless of deductible or co-pays. We will send a pretreatment estimate to your insurance company to obtain a pre-determination of payment for your treatment. Depending on the insurance carrier, pre-determinations can take up to eight weeks. We will submit the information to your insurance, but we suggest that you follow up with them if you have not received a response within two weeks.

### Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients, and keeping treatment affordable. Dental benefits differ greatly from company to company. Each insurance company sets their own "usual and customary fees." These rates vary greatly from plan to plan, and have no relationship to the actual cost of dental care in a given area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

### Minor Patients:

The adult (parent or guardian) accompanying a patient younger than 18 years of age is responsible for payment. The insured adult must be present to sign the appropriate form. For unaccompanied minors, non-emergency treatment will be denied.

### Interest:

We reserve the right to charge interest in the amount of 18% APR, as provided by state laws, to all accounts that are 60 (sixty) days past due.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read this Financial Policy. I understand and agree to this policy. I understand credit information may be obtained in the event that financing is requested for treatment fees.

X \_\_\_\_\_ Date \_\_\_\_\_  
*Print*

X \_\_\_\_\_ Date \_\_\_\_\_  
*Signature*