

**PATIENT FINANCIAL POLICY**

We are committed to providing you with the best possible care! If you have dental insurance, we will help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy.

1. Payment is due at the time services are rendered unless payment arrangements have been approved by our staff prior to appointments.
2. We accept payment for services by cash, check, MasterCard, Visa, American Express and Discover Cards. Money orders and Travelers checks will also be accepted. Emergency visits for all new patients must be paid in full.
3. As a courtesy to our patients, we have arrangements with various **interest free** dental payment plan companies. These resources are available to you to support you in having optimal treatment when you need it. In the event of extensive treatment and full payment cannot be made, a financial arrangement will be completed and signed by the patient and our office staff. A credit approval may be obtained to determine if we are able to make these extended payment arrangements for you. Please circle if you will require extended financing.

Yes

No

4. Balances older than 60 days will be subject to interest charges of 1.5% per month.
5. A \$25.00 NSF fee will be charged for all returned checks.
6. In the event that payment is not made for services after 90 days, our attorney will be advised and formal action to collect will be initiated. You will be responsible for any attorney's fees and/or collection charges incurred.
7. Broken appointments and appointments canceled or rescheduled with less than 24 hours notice will be subject to a broken appointment or last minute cancellation fee.

**INSURANCE**

As a courtesy we will be happy to file and accept assignment of you insurance benefits. Our staff will **estimate** your portion including any deductible, copay or usual and customary differences. This amount will be due at each appointment with our office. If they pay more than estimated, Dr. Walls and/or Dr. Hendricks will credit your account and upon request, reimburse you within 14 days. If they pay less, we will invoice you for the balance. We require payment in full within 14 days. In order to assist you in filing your insurance we will need a copy of your dental insurance card.

***NOTE: Your insurance benefits are a contract between you, your employer and the insurance carrier. We are not a party to that contract. As such, we file claims as a courtesy only to our patients. Payment is required from your insurance carrier within 45 days and if not becomes your responsibility. Ultimately all charges are your responsibility from the date services are rendered.***

Thank you for reviewing our financial policy. We make every effort to explain your costs to you and to avoid any misunderstandings so that we can focus on your dental care. If you have any questions, please ask. We are here to assist you.

I have read, understand and accept the terms stated above. I am aware I have the right to receive a copy of this document.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

