

FINANCIAL POLICY

Our mission is to deliver the finest most cost effective Dental Care available today. Following diagnosis, the Dentist will advise you on a plan for treatment. Additionally, we will discuss with you the cost of today's and any future treatment.

Payment for today's visit and your future visits are due at time of treatment. In an effort to make general dentistry more affordable for you, we participate in three basic types of dental benefit programs.

- **DMO (Dental Maintenance Organization)** programs entitle the participants to reduce fees and require payment at the time services are provided. These programs generally do not pay for specific services provided to you and no claims are required. Your benefits are based on a fee schedule provided to our office by your insurance DMO Plan.
- **Indemnity Dental Insurance** allows for your reimbursement of a percentage of the fees for treatment services. Your insurance policy is a contract between you and your insurance company. When we accept your insurance company's assignment, it does not absolve you from full responsibility for your charges in full for the treatment rendered. The estimate provided by our office is considered as a guideline until final insurance payment, if any, is received and the patient's account has been paid in full. We make no guarantee of the insurance payment as estimated. The agreed upon payment plan for the patient's estimate portion must be kept current or the assignment will be cancelled and the full amount will become due and payable. Claims are submitted promptly after treatment is rendered, and if not paid by the patient's insurance company by the 60th day after treatment is rendered, the total outstanding account balance will be billed directly to the patient. Our Team prides itself on helping our patients maximize their benefits. We are always available to answer any questions you may have regarding your treatment. **Predetermination**-Another way of determining your exact liability is to have our office file a Predetermination of benefits. Predetermination may take up to six weeks, thereby delaying the start of your treatment.
- **PPO (Preferred Provider Organization)** type programs are preferred providers or referral programs which entitle the participant to reduced fees according to their plan fee schedules and usually a discount on services not covered by the plan. These plans generally have a percentage of the fees that are paid by the patient at the time treatment is rendered. Some plans require a claim form for submission once services have been provided.

The existence of a dental procedure code does not mean that a procedure is a covered or reimbursed benefit in a dental benefit plan. It is not easy for an office to become familiar with the details of every dental plan it encounters. And it is, of course, the responsibility of the patient, not the dental office, to know what is covered and what is excluded from her or his dental plan. In order to cover any deductibles, co-payment, or fee downgrades, we collect fifty percent of any amount billed to your insurance company at the time of service. After insurance payments have been received and posted a refund check will be reimbursed to you if your account carries a credit. Certain dental benefits plans require predetermination for specific procedures or when covered charges are expected to exceed a certain amount.

There will be a \$25.00 cancellation fee for any broken/missed appointments without 24 hours prior notice.

Payment Options

- Cash – includes money order and personal checks.
- Credit Card – to include Visa, Master Card.
- Care Credit & CapitalOne Dental Fee Plan–offers a separate line of credit to cover your entire family's Dental needs.
 1. A credit line may be established and approval usually takes less than 10 minutes
 2. No payment is needed today to start treatment.

It is Your Responsibility to pay for services at the time you receive them, regardless of any dental plan or insurance benefits you may have. We will provide monthly statements on accounts that have a balance. Unpaid account balances greater than 60 days will be charged a finance charge of 3% per month.

By signing below, I understand that I am financially responsible for all charges whether or not my insurance covers them. I hereby assign my insurance benefits be paid to Patriot Dental. I also authorize the Dentist to release to my insurance carrier(s), any information required to process any claim(s).

Patient's Name: _____

Signature of Responsible Party: _____ Date: _____