

## FINANCIAL POLICY

### TO OUR PATIENTS

If you have dental and/or medical insurance, please provide us with a copy of your insurance card. As a courtesy, we will file the necessary forms to your insurance carrier. We may accept assignment of insurance benefits after your initial visit. However we do require that you pay the percentage that will not be covered by insurance and all deductibles at each appointment. *For example, if fees for your appointment were \$100.00 and your insurance will only cover 80% of that procedure, you would be required to pay \$20.00 for that visit.*

### PAYMENTS

Patients with no dental insurance are expected to pay for their visit. We offer payment plans through CareCredit. We also accept VISA, MASTERCARD, DISCOVER, personal checks and cash as forms of payment. **There will be a \$25.00 fee charged to your account for any check returned for insufficient funds and for late payments past 30 days.** In event that your account becomes delinquent this office will take any necessary action to collect the debt. You will also be responsible for any costs incurred to collect your debt. In case of insurance company not covering the procedures or non-payment by insurance company, you authorize Advanced Dentistry, family dental care, P.C. to hereby use your credit card for payment of the services provided. The office will mail ONE statement and allow 30 days for payment; if payment is not received within 30 days, your account will be charged \$25.00 late fees. Should your account have to go to a collection agency or attorney, for your failure to make payment for a period of 60 days, you agree to be liable for all court filing fees, attorney fees, and collection expenses in processing your delinquent account. Said amounts are in addition to any unpaid balance on your account. Patients are required to make a \$100.00 down payment for any major procedure that exceeds \$200 that will be applied towards your dental treatment.

### INSURANCE

Your Insurance policy is an agreement between you and your insurance company. If payment is not received from your insurance carrier within 30 days from the date of service, we require that you pay the balance immediately. This office does not file secondary insurance claims. You are responsible for the balance after your primary carrier pays. However, we will provide the necessary paperwork for you to file the secondary claims.

### USUAL AND CUSTOMARY FEES

Our office is committed to provide quality care for all of our patients. We charge what is usual & customary for our area. You are responsible for payment regardless of any insurance, company's arbitrary determination of usual & customary fees. Fees apply to any retreatment or revision of dental work that is done 12-month beyond the date of initial service.

### MISSED APPOINTMENTS

If you are unable to keep a schedule appointment, we request that you inform us at least 24 hours before the scheduled time. This allows us to use that valuable time to treat others. **We reserve the right to charge a cancellation fee of not less than \$50.00 for failure to provide 24 hours of notice of cancellation.** Our practice only allows for two missed (fail) appointments - after which you will be dismissed from further treatment. Missed appointments are those that are rescheduled or cancelled within less than 24 hours of appointed time.

### COPY OF DENTAL RECORDS

There is a processing fee for providing you with a copy of your dental records from our office. In an event, where you would be requesting a copy of your dental records **you are responsible to pay the \$35.00 processing fees.**

Your signature below confirms that you have read, understood and agreed to this financial policy.

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Name

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Signature of Patient/Responsible Party

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Date