

## Financial Policy for the Dental Practice

You are responsible for the full payment of all fees incurred with our dental practice. As a courtesy to you we will file your insurance claims; this does not diminish your responsibility for payment in full. The agreement of the insurance carrier to pay for dental care is a contract between you and the carrier. You should direct any questions and/or complaints regarding coverage to your insurance carrier, your employer (if in a group plan), or to your agent.

You will be asked to provide your insurance card(s) at every visit. This is to ensure that the information we have is correct, and that your plan is current. Out of date cards with incorrect information or the wrong insurance cards can cause unnecessary delays in the payment of your claim.

Frequently, small changes (for example, a group number change or plan change) may not be considered significant by patients, but insurers will not process claims that are not 100% accurate.

All office co-payments are to be paid at the time of service. This is an insurance company policy. We accept checks, Visa, MasterCard, American Express, Discover, and Care Credit, but we cannot take cash.

Insurances vary in their coverage, and it is the patient's responsibility to understand his/her dental benefits. There may be limitations and exclusions to coverage. The patient portion is set by the insurance company. Patients are responsible for any copayments, deductibles, and any other non-covered billable services.

We do not bill third parties. It is the responsibility of the patient to satisfy any outstanding balances here. We will provide statements as proof of payment for patients to pursue reimbursement from the third party payer.

We do not get involved in any way with disputes between divorced parents of a child we are treating. If you bring the child for treatment then you are responsible for payment in full for services rendered that day. We do not bill the other parent. We will provide extra copies of your child's bill should you need it.

### Payments

Balances are due within 30 days of the statement date. Bills will be issued after the insurance carrier pays its portion of the bill. In addition to paying through the mail, credit card information may also be called to the business office during office hours at (972) 250-2580. Balances which are past due over 90 days will be handled by our outside collection company. You are responsible for the costs incurred to collect past due balances, which include but are not limited to collection fees, interest, court costs, and attorney fees.

I have read, understand, and accept the financial policy for this dental practice:

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(Signature of patient or parent)

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(Date)

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(Printed name)