

Whether you are a new patient to our practice or we have had the pleasure of serving you over the years, we would like you to be aware of our financial policies as well as our commitment to your dental health.

CO-PAYMENTS

We are committed to providing you with the most comprehensive dental care using only the highest quality materials and technology. We will always recommend treatment based upon your dental needs, not based on insurance coverage, which may or may not be adequate to cover all costs depending on your dental plan.

As we work with you to achieve your optimum oral health, we require that the estimated co-payment for treatment be paid at the time of service (co-payment is the portion of fees not covered by your insurance plan). Timely payment assists us in keeping our administrative costs low, resulting in lower treatment fees for all of our patients. Your estimated co-payment may be adjusted following treatment depending on the final reconciliation of insurance payments.

PAYMENT POLICIES

Our practice accepts cash, personal checks, MasterCard, Visa and Discover. If you prefer a payment plan, please ask how we can assist you in receiving financing through an outside lender such as CareCredit.

Please be aware that additional fees may be assessed under the following circumstances:

- > Returned check – \$20 fee
- > Balances over 90 days – May incur collection fees and/or finance charges of 1.5% per month (18% annually)
- > Missed appointments – We request 24 hours' notice if you need to reschedule an appointment. Three or more missed appointments, or cancellations with less than 24 business hours' notice, may be subject to a fee of \$50 (however, we are sensitive to extenuating circumstances for missed appointments)

INSURANCE BENEFITS

Our practice will accept an *assignment of benefits* from your insurance company, however please note that the agreement regarding your dental benefits is between you, your employer, and your insurance company. Although we are happy to submit dental claims on your behalf, you are ultimately responsible for the outcome of the transaction. Completing and submitting insurance forms is a courtesy we extend to our patients, but this does not eliminate your financial obligation in the event coverage is denied or is less than the original estimate.

Insurance payments are typically received within 30–60 business days from the time of billing. If your insurance company has not made payment to our practice within 60 days, we will ask you to pay the entire balance at that time and you will be responsible for seeking reimbursement from your insurance company.

Our practice does not guarantee that your insurance company will assist you with payment for treatment you receive under our care. If your claim is denied, you will be responsible for paying the full amount at that time. Our practice will not enter into a dispute with your insurance company over any claim, although we will provide necessary documentation your insurance company requests to sort out any confusion or questions regarding treatment. It is your responsibility to resolve any type of dispute over payments made or not made by your insurance company to you or to our practice.

I have read, understand and agree to the above policies. I authorize the release of medical information necessary to process a claim for benefits under my policy and authorize payment of my insurance benefits directly to Generations Dental.

SIGNATURE of Patient or Responsible Party

DATE

PRINT NAME of Patient or Responsible Party