

## OUR FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to offering you quality preventative care and treatment. Please understand that payment of your bill is considered part of your care. The following is a statement of our Financial Policy, which we require you to read and sign.

### **Patients Without Dental Insurance Coverage**

Full Payment is due on the day of service. We accept cash, checks, check cards, Visa, MasterCard and American Express. Financing is available with approved application.

### **Regarding Insurance**

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We file dental insurance as a courtesy to our patients. In order for us to bill your insurance company and obtain payment from them, we must have all of your insurance information on file. Your insurance plan may pay for some procedures in full. However, most treatment will only be partially covered by insurance. We cannot guarantee payment of insurance for any procedure. Any estimate given for fee of treatment or co-pay is strictly an estimate. You can assist us in making accurate estimates by being familiar with your plan provisions and updating your insurance information any time changes are made to your policy. We will file your claim in a timely manner and as an extra courtesy will follow up on any unpaid claims 30 days outstanding from the filed date. If your insurance has not paid your claim within 60 days, the claim is deleted from our files and the balance due becomes your responsibility to pay. You can then seek reimbursement from your insurance company. Your co-pay (a percentage paid by the patient) and any applicable deductible are due in full on the day of service. Any remaining balance due after a claim has been processed, will be your responsibility to pay. Secondary Insurance coverage will only be filed if primary carrier's payments come directly to us. Upon signing this statement, you authorize all insurance payments to be paid directly to Thoroughgood Dental.

### **Usual and Customary Rates**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment of any outstanding balance once your insurance claim has been paid regardless of any insurance company's arbitrary determination of usual and customary rates.

### **Minor Patients**

The adult accompanying a minor must agree to be the "responsible party" and must be prepared to pay any balance (co-pay) due at time of service. For all minors, written consent from the legal guardian for treatment must be made prior to treatment and prior payment arrangements must be made. If more than one party is legally responsible for payment on a child's account, the adult who accompanies the minor to the appointment will need to arrange for full payments or co-pays to be made at the time of service. Appointment information, recall notices and billing statements will be sent to the same address.

### **Missed Appointments**

Unless cancelled at least 24 business hours in advance, our policy is to charge for missed appointments. A \$45 fee per hour of reserved appointment time will be charged. Please help us serve you better by keeping scheduled appointments.

### **Past Due Accounts**

A 2% monthly service charge will be added to any account balance that is remaining after 30 days. Past due accounts over 90 days will be turned over for collection procedures. You are responsible for all collection and/or legal fees.

Thank you for understanding our Financial Policy. Please let us know if you have any questions.

I have read the Financial Policy. I understand and agree to this Financial Policy.

\_\_\_\_\_  
Signature of Patient or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient