

Financial Agreement

Last Name:

First Name:

Birthdate:

Date:

Practice Information

It is our goal to make your experience an informed and positive one. Please review and sign this form. If you have any questions, please feel free to discuss them with us prior to any treatment. Thank you.

Dental Insurance Facts:

1. Insurance negotiated fees and reimbursements may represent an agreed to fee schedule with your insurance provider that is different from our Usual and Customary fees and are part of your insurance benefits package. The amounts you are charged or reimbursed are subject to change at the discretion of your insurance company.
2. Most dental insurance plans are a business arrangement between an insurance company and an employer group. It is important to remember that reimbursement and benefit levels are based on company and employer or group business decisions, and not on an individual's need for treatment.
3. Most dental plans exclude coverage for cosmetic treatments, such as teeth whitening or aesthetic veneers.
4. Many have age or frequency limitations, such as for exams, cleanings, fluoride treatments, dental sealants, crowns, and dentures.
5. Some dental plans do not offer coverage for pre-existing conditions, such as missing dental. This type of plan would not cover tooth replacement procedures, such as bridges, partial dentures, complete dentures, or dental implants.
6. Many insurance plans will apply "alternate benefits" towards a service, such as paying for silver fillings rather than tooth-colored fillings, or not covering major restorative services, such as a crown, bridge, or implant. For example: paying for a removable partial denture instead of a fixed bridge or implant.

Payment Information and Insurance Coverage: We participate in many insurance plans. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but insurance cannot be verified, payment in full for each visit is required until we can verify your coverage.

Co-payments & Deductibles: All co-payments and deductibles must be paid at the time service. Payment arrangements need to be made prior to any treatment.

Claims submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their requests. Please be aware that the balance due is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company. We are not party to the contract.

Coverage changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. Invalid insurance may lead to additional costs.

Nonpayment: If your account is over 90 days past due, you will receive notice stating that you have 10 days to pay your account in full. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency.

Cancellations and Missed Appointments: Patients are requested to give notice as soon as possible when canceling or rescheduling appointments. Appointments canceled with less than 24-hour notice or missed appointments will be charged a fee based on their type of insurance. Voice mail is provided for after-hours cancellations.

Our commitment is to your health, regardless of insurance status. Facts about insurance are for general use and information for our patients. It is not intended to be a guarantee of coverage or acceptance of insurance plans in our office.

Please remember, the ultimate financial responsibility for payment lies with the patient, not the insurance company.

Patient Consent, I have read and understand the payment policy and agree to abide by its guidelines:

Patient (or Guardian) Signature