

## FINANCIAL POLICY

Our main objective is to see that your dental needs are cared for in a timely and comfortable manner. After your exam with Dr. Keith and before any treatment is provided, we will review all fees associated with your dental care. Payment in full is expected each time services are rendered unless PRIOR arrangements have been made with the front desk personnel. We do accept VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS.

### INSURANCE

Many of our patients have a dental insurance policy that will help supplement the cost of needed dental treatment. We will do everything possible to help maximize your benefits. Please remember that the insurance company makes the rules on coverage... we do not. Our goal is to provide the highest quality dental treatment available at a fair value. Unfortunately, to many situations the insurance company will base their payment amounts on the least acceptable treatment options, often disregarding what is in your best interest. Also, the insurance company will base their payment of benefits on what they determine as a usual and customary range of fees (UCR). They will not release how they determine this range of fees nor will they inform us how up to date this data is. Due to this practice, there is often a balance remaining on a patient's account after payment is received from the insurance company, which means that a statement will be sent to the patient usually 3 to 5 weeks after treatment is completed.

At your appointment we will accept insurance assignment of benefits as a courtesy to our patients providing:

1. A COMPLETED AND SIGNED INSURANCE FORM IS RECEIVED ONCE PER YOUR CALENDAR YEAR, ALSO AN I.D. CARD MUST BE PROVIDED.
2. THE PATIENT IS AWARE OF THE COVERAGE AND ANY CHANGES PROVIDED BY THE INSURANCE COMPANY AND PROVIDES A COPY OF THE BENEFITS BOOKLET.
3. THE PATIENT PAYS THE ESTIMATED PORTION NOT COVERED BY THE INSURANCE ON THE DAY DENTAL SERVICES ARE RENDERED. THE PATIENT IS ALSO RESPONSIBLE FOR ANY REMAINING BALANCE AFTER THE INSURANCE COMPANY PAYMENT IS RECEIVED.

Professional services are charged to the patient and not to the insurance company. The patient is responsible for payment of all charges regardless of the status of the insurance claim. WE ESTIMATE what the Insurance coverage will be to the best of our ability, but the patient is responsible for payment of any charges not paid by the insurance company.

I have read the above policy regarding finances and Insurance and understand my financial responsibilities and agree to adhere to these policies. I ALSO GIVE PERMISSION TO HAVE MY SIGNATURE ON FILE.

Please sign \_\_\_\_\_