

FINANCIAL POLICY

We value you as a patient and are committed to providing you with the best possible dental care. We want you to have a complete understanding of your financial responsibilities for the services to be provided. To assist us in achieving these goals, we ask that you review our financial policy.

Unless our administrator staff has approved payment arrangements in advance, payment in full will be due at the time services are rendered. We will be happy to help you process your dental claim for reimbursement or you may assign your primary/secondary dental benefits to the doctor as partial payment toward the services rendered. This can be done after we have had the opportunity to verify your primary/secondary dental benefits.

At the time of your appointment you will be expected to pay your deductible as well as any portion of the treatment fees that we estimate will not be covered by your dental policy. Because of insurance policy changes and/or necessary changes in treatment plans, your dental coverage may vary from this estimated treatment calculation or the carrier's pre-estimate. We are considered out of network with all dental plans with the exception of Delta Dental Premier Plan. Dr. Kirk Webster is considered in network with this dental plan. **If your insurance company has not paid the full balance of the claim within 60 days from the treatment date, you will be responsible for paying the balance.**

If your insurance company does not accept assignment of benefits and the insurance payment is mailed to the policy holder, our office must receive that payment within 14 business days from which the payment was mailed to the policy holder by the insurance carrier. If we do not receive the payment within that time frame, we will request the total fee of each appointment to be paid at the beginning of each appointment. Insurance carriers known to mail payments to the policy holders are but not limited to Delta Dental and Blue Cross Blue Shield.

Please remember that your insurance is a contract between you and your insurance company and/or employer. Our dental practice is not a party to the contract. We recommend that any questions regarding the amount of insurance coverage for the specific treatment be discussed directly with your insurance company of your employer.

A finance charge of 1.5% per month may be assessed to accounts with balance outstanding for 60 days from treatment date. This FINANCE CHARGE represents an ANNUAL PERCENTAGE RATE of 18%.

If your check is dishonored or returned for any reason, the check must be replaced with a money order or cash within 5 business days of the return, plus a \$25.00 processing fee.

Dental Appointments: This time has been reserved exclusively for you. We require 48 hours notice if you are unable to keep your appointment. A charge of \$25 will be applied to your account for cancellations and/or rescheduled appointments if this notice is not given.

All treatment charges are the responsibility of the patient or responsible party regardless of insurance coverage. In the event of non-payment, the patient or responsible party agrees to pay all the costs of collection including, but not limited to, attorney fees, court costs, collection agency fees, etc.

I have read and understand the financial policy of this practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time by the practice.

Responsible Party, Print Name

Date

Responsible Party, Signature