



FINANCIAL POLICY

Our fees are based on the cost associated with providing you quality and personalized dental care. At times, this may correlate with your dental insurance benefits, or what your insurance company has called “maximum allowable”. In reality, this term means the dollar amount your insurance allowance is for a given procedure. Insurance should be viewed as an aid or coupon to assist meeting your financial obligation to this office. **YOUR INSURANCE IS AN AGREEMENT BETWEEN YOU AND YOUR INSURANCE COMPANY, NOT BETWEEN YOUR INSURANCE COMPANY AND THE DENTAL OFFICE.** As a courtesy to our patients, our office will complete any necessary insurance forms and electronically file these with your insurance company at no charge. It is to be understood and agreed that services rendered are charged to you directly and you are personally responsible. Any claim not paid by insurance, for any reason, more than 60 days after filed is due and payable in full by the insured unless payment arrangements have been made.

Initials _____

Some of our patients have insurance that is automatically set up for direct patient reimbursement. In this case your insurance will send you a check to reimburse you for the payment you make at the time of service. Please keep in mind, most insurance companies will not cover 100% of all dental expenses. Many of our patients prefer the convenient option of paying for dental treatment with a Health/Flex Spending card. This allows you to maximize utilization of your contributions to these accounts while taking advantage of pre-tax savings.

Based on the information you have given us at your initial visit, we will contact your insurance company to verify your potential eligibility. This information will enable us to give you an **estimated** amount due for each visit. **REMEMBER, DEDUCTIBLES AND BALANCES NOT PAID BY THE INSURANCE COMPANY ARE YOUR RESPONSIBILITY AT THE TIME OF SERVICE.** If you would like to make financial arrangements, we offer Care Credit financing services, and convenient 3-6 month payment plan options allowing you a period of interest free or low interest financing.

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FULL PAYMENT is due at the time of service unless payment arrangements have been made. If insurance benefits apply, ESTIMATED PATIENT CO-INSURANCE/PAYMENTS and DEDUCTIBLES are due at the time of service. At the time of scheduling, a deposit will be required in the amount of \$25 per hour scheduled. Your appointment will not be confirmed with our office until your deposit has been received. All deposits will be credited to your account to apply to scheduled treatment or cancellation fees if required notice is not received. Please help us serve you better by keeping your scheduled appointments.

We utilize "paperless" E-billing, which will allow you to pay paper-free. We will use your current email address to submit your bill each month. In addition to sending you an email, we will also send a text message, which will include an attachment of your statement and a link to conveniently pay online. Please ensure we have a current phone number and email address on file. While we are encouraging the use of our online payment system, we accept payments made by check, cash, or credit card.

Email: _____ Cell Phone: _____

As a courtesy to our patients, Advanced Aesthetic Dentistry has No monthly processing fee associated with our E-billing service. However, patients who choose to receive paper invoices will be assessed a \$2.00 monthly processing fee. We DO NOT want to charge anyone this fee and hope that we can transfer all your accounts over to avoid any such fees. Please feel free to contact us with any questions.

ALL balances are due 60 days from date of service regardless of insurance reimbursement. ALL balances are due 60 days from date of service regardless of insurance reimbursement. A finance charge of 1.5% per month will be added to all 60 day + outstanding balances.

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We reserve the right to charge for appointments cancelled or missed without a proper **two** business day notice. Your appointment is a specific time reserved exclusively for you. If for any reason you are unable to keep a scheduled appointment and notice is not received, a \$25 cancellation fee per hour may be billed.

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I have read this financial policy and understand it completely.

Signature _____ Date _____