Financial Policy

Thank you for choosing our office for your dental care. We are committed to your dental health; however, we need your understanding and cooperation with respect to our financial policy and your financial obligations.

Full payment is due at the time service is rendered. For your convenience payment options include:

Cash or check (Returned check fee is $25)
Discover, VISA, MasterCard, American Express
No interest 3 or 6 months Financial Payment Plan Available (We pay the interest for you!)

Patients with NO Employee Dental Benefit Plan

- Payment for all procedures is due at the time of service

Patients with Employee Dental Benefit Plan

- As a courtesy to our patients, we will submit a claim to your insurance company on your behalf, if you choose. We must emphasize, as dental providers, our relationship is with our patients, not the insurance company. If full payment is not received from the insurance company within 60 days, the entire balance becomes your responsibility.
- If we are unable to verify your dental benefits, full payment is due at the time services are rendered.
- Patients are to pay their deductible and estimated co-payments at the time services are rendered. A refund check will be mailed if the insurance carrier pays more than was estimated.
- Usual and Customary Rates: Our practice is committed to providing the best treatment for you at a fee that is reasonable, usual and customary for this area. Not all companies reimburse based on a fee schedule that is current and standard for this area. You are responsible for payment, regardless of any insurance company's arbitrary determination of usual and customary rates.
- Insurance Estimates – Determining patient costs is affected by several variables such as deductibles, annual maximums, Usual and Customary Fees, non-covered procedures, and other plan limitations and restrictions.

Missed Appointment

- Your scheduled appointment time has been reserved at your request and Dr. Edwards' time is reserved especially for you. In order to avoid a cancellation/missed appointment fee of $25, please notify our office at least 24 hours prior to your appointment to reschedule. We require this notification to offer this time to another patient. Please help us to avoid charging a fee by keeping your scheduled appointment.

Past Due Account Fees

- The balance of an account of an insured patient whose insurance has made a payment, or denied coverage or not processed the claim, will be due in full as of the date the earliest of such events occurs.
- Account balances older than 60 days are subject to a finance charge of 1.5% per month, 18% per annum on the balance due from the date such balance was first due, plus a billing fee of $5.00.
- Any balance older than 90 days will be forwarded to "Collections" and subject to additional collection fees, including but not limited to attorney's fees, court costs, etc.
- Again, it is not our intention to charge these additional fees, however, we do need to be paid at the time treatment services are provided. Please help us avoid these additional costs so that you and all of our patients can benefit from our quality care and reasonable fees.

Default

- Each returned check will result in a $25 charge to your account.
- The undersigned party authorizes the dental office to release information provided by the patient or responsible party to the insurer and to any persons employed to collect a delinquent account.

I have read and understand this financial policy.

_____ _____
(Patient, Parent, or Guardian) Date

_____
Print Name