

## Financial Considerations for New Patients

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It is our goal to provide the best possible periodontal care for you, and at the same time, avoid any confusion regarding our financial policy. If you have any questions about our policy, please discuss them with our staff. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

### **When is payment due?**

Payment is expected when services are rendered. We promise to provide you, in advance of treatment, the amount of payment that will be required at each visit so that you have the opportunity to discuss payment arrangements if finances are a concern. For all services rendered to patients who are minors, we will look to the adult accompanying the patient for payment.

### **What about insurance? I have coverage. Will your office accept my insurance benefits and then bill me after insurance has paid it's portion?**

*We do not accept insurance on your first visit.* You will be responsible for payment of your first visit at the time of the appointment. However, we will file your insurance so that you can be reimbursed by your insurance company to the extent of your coverage.

On subsequent visits, after we have had the opportunity to verify your insurance benefits, you will be responsible for paying your deductible as well as any portion of the treatment fees that we estimate will not be covered by your insurance policy. **If your insurance has not paid the full balance of the claim within 60 days, you will be responsible for paying the balance.** If the balance remains past 90 days, a 10% annual interest fee will be compounded monthly. Please remember that your insurance is a contract between you and your insurance company and/or employer. We are not a party to this contract. We file and accept insurance only as a courtesy to our patients.

### **Do you allow payment plans?**

We do realize that there are times when financial circumstances are unavoidable. If you have a financial concern, we ask that you speak with our office manager.

We are pleased to accept Master Card and Visa. We have also made it possible for patients to arrange payment plans with the office manager.

**Policy regarding cancellations**

If you reserve time with the doctor for an appointment, we hope that you will make every attempt to keep your appointment. In order to provide the best possible service and availability of appointments to all our patients, we request 24 hours cancellation notice be given in advance of the scheduled appointment.

**Financial responsibility agreement**

The agreement for treatment and payment is between the patient and the doctor, not between the doctor and the insurance company. The charges, therefore, are the responsibility of the patient or responsible party. Insurance premiums are not a consideration in the recommendation of treatment or in the fee charged by this office for treatment. We recommend that any questions regarding your insurance company's coverage of treatment be addressed directly to the insurance company or your employer. We will be glad to assist you in any way possible. In the event of non-payment, the patient agrees to pay all the costs of collection including, but not limited to, attorney fees, court costs, collection agency fees, etc.

When you pay by check, you expressly authorize our office, if your check is dishonored or returned for any reason, to electronically debit your account for the amount of the check, plus a \$40.00 charge.

***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 to time by the practice.***

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Manager

\_\_\_\_\_  
Date