

# Financial Policy Dental Health pc and Complete Dental Health LLC

Kendall S. Wood DDS & Matthew C. Schapper DMD

This statement is to inform you of our financial policy. We are committed to providing you with the highest quality care using only the best material and technology available in the market today. We are also committed to providing you with current information and educational tools so that you may fully participate in maintaining optimum oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

Your patient portion is due at the time the service is provided. Our office accepts cash, personal checks, Debit cards, MasterCard, Visa, American Express and Discover.

All charges you incur are your responsibility **regardless** of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and the insurance company. Our office is not a party to that contract. In order for our office to help file your insurance claim, you must give us current insurance information anytime your insurance carrier changes.

As a courtesy to you we will help you process your insurance claim. Insurance payments ordinarily are received within 30-45 days from the time of billing. If your insurance company has not made payment to our office within 60 days, we will ask you to pay the balance due. You will be responsible for seeking reimbursement from your insurance company at that time. Our office does not guarantee that your insurance company will pay for treatment you receive from our practice. We will bill insurance for the treatment that is rendered. However, if your claim is denied, you will be responsible for paying the full amount at that time.

Our office will not enter into a dispute with your insurance company over any claim, although we will provide the necessary documentation that your insurance company may request to sort out any confusion or questions that may arise. It is ultimately your responsibility to resolve any type of dispute over payments made or not made by your insurance company.

We will be happy to provide you with an **ESTIMATE** of what your patient portion will be for any treatment plan that is recommended. The estimate is not a guarantee of payment from your insurance company. All treatment plan prices will be honored for 30 days.

We reserve the right to charge a \$40/appt minimum fee for any dental appointment that is missed or cancelled without a minimum of 24 hours advance notice.

Returned checks and balances older than 60 days are subject to collection fees up to \$100 and finance charges at the rate of 1.5% per month or 18% annually with a minimum service fee of \$5.00

If you have any questions regarding our financial policy, please ask. We are committed to providing you with the most positive experience in dental care.

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Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature