

Family Dentistree
Our Financial Policy

Thank you for choosing Family Dentistree. We are happy to have you as our patient and are committed to your treatment being successful. We know that providing complete comprehensive dental services includes discussing all treatment and financial information.

Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.

Payment is due at the time services are rendered. For your convenience we accept Visa, MasterCard, American Express, Discover, and CareCredit. Any deductible or estimated co-payment amount will be due at the time of treatment. If you do not have dental insurance, full payment is due at the time of service.

Regarding Insurance and Insurance Collection:

Our office, as a convenience and a service to you, we will absorb all cost incurred for billing your insurance. However, your Insurance benefits are determined by your employer, not your dentist. Your insurance policy is a contract between you and your insurance company. Your insurance coverage and benefits are your responsibility. Insurance is not a guarantee of payment; it often does not cover all the costs involved in treatment. We are happy to file your claim for you if you present your dental insurance card (if available) and all required employer information. You will be expected to pay for services rendered if this office is unable to verify your insurance information before treatment.

Usual and Customary Rates:

Our practice is committed to providing the best treatment for our patients and we charge what we feel is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients:

The adults accompanying a minor and the parents (or guardians of the minor) are responsible for the payment. For unaccompanied minors, treatment will need to be pre-authorized by the parent and the estimated payment will need to be taken care of at the time of service. You may use one of the payment options mentioned above.

Appointments:

Appointments are reserved exclusively for you. As a benefit to you, our valued patient, we may offer to move your appointment to an earlier time if an opening arises. If an appointment is not canceled at least 24 hours in advance, or if you fail to keep your appointment, it will result in a longer wait time for your next appointment. If there are more than 3 (three) last minute cancellations, we may ask that you pay a portion of your visit when scheduling. The office reserves the right to dismiss a patient that misses multiply appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____
Signature of patient or Responsible Party

Date _____