Family Dentistree

Insurance and Financial Policy

Thank you for choosing Family Dentistree as your dental provider. We are committed to your treatment being successful. We will work very hard to make sure your paperwork is filed accurately and promptly to your insurance carrier. If you do not have dental insurance, full payment is due at the time of service.

We accept all major credit cards, check and cash. If you are in need of an extended finance option, we offer **Care Credit,** who offers 6 or 12 months "same as cash" or longer terms with interest bearing revolving charge designed to meet your treatment plan needs on approved credit. If you would like more information on **Care Credit** please let us know.

Regarding Insurance and Insurance Collection:

Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits please contact your employer or insurance company.

We may bill your insurance as a courtesy. Our office, as a convenience and a service to you, we will absorb all cost incurred for billing your insurance. However, we require you to pay any deductible and/or estimated co-pays not covered by your insurance at the time of service. We estimate your portion based on the most up-to-date information we have, but it is ONLY AN ESTIMATE. If you would like to know your insurance benefit, we will be happy to file a "pre-determination of benefits" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage and may delay treatment but will give you a more precise out of pocket figure.

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.

Missed Appointments:

We ask that you cancel your appointment at least 24 hours in advance, so we may give that time to a patient that might need to be seen. If there are more than 3 (three) last minute cancellations, we will ask that you pay a portion of your visit when scheduling.

I have read, understand and to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to my dental office. I understand that the office files my primary insurance as a courtesy to me and I am responsible for payment for Dental Services provided in this office for myself or my dependents at the time services are rendered. Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read and agree with the above conditions.

X_____ Date _____

Signature of patient or Responsible Party