



## Insurance/Financial Agreement

### Understanding Insurance:

- The quality of our care and fees for treatment is based on our knowledge; we do not base our level of care upon your insurance coverage
- Dental insurance is a benefit designed to help with a portion of the cost of dental care
- Your dental insurance is a legal contract between the insurance company and you, the patient
- Insurance policies and contracts differ considerably in benefits offered, limitations and services allowed
- We will do our best to verify the coverage of your plan. **However, you as the patient, are responsible in the end for knowing your plan and its limitations**
- **Any insurance information provided by our office is an estimate and not a guarantee of coverage or payment**
- **We will file insurance claims as a courtesy to our patients and follow up as required**
- We will do our best to give an accurate estimate of your co-pay and, upon receipt of the insurance claim, any difference will be billed to you and due within 30 days
- If your insurance company has not processed your claim within 90 days, we will request payment in full from you and let you contact the insurance company
- It will be your responsibility to provide this office with all current insurance information and any changes in coverage to allow for correct filing as well as being aware of your plan benefit details

### Broken/Cancelled Appointments

Time with our patients is very precious to us and other patients waiting for appointments. Lost time is irretrievable. We reserve the right to charge a fee of \$50 for broken/cancelled appointments if we have not been notified at least 48 business hours in advance. A specific amount of time is reserved for you, and we strongly encourage you to keep your appointments.

### Reservation Deposit

In an effort to support our patients in securing their treatment appointment reservation, we will ask for a deposit at the time of scheduling. Additionally, Saturday hygiene visits are considered to be premium appointments, and we will require a \$30 deposit at the time of scheduling. Deposits will be applied towards any co-pay or future visits.

**Full payment or insurance co-payment (estimate) is due in full at every appointment.**

**I understand that I am ultimately responsible for full payment of all treatment performed.**

**I understand that I am responsible for missed or broken appointment charges.**

**By signing below, I acknowledge that I have read and understand the above policies.**

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_