



## INSURANCE & FINANCIAL POLICY

We believe that you as a patient deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits and some do not. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you need to know:

If you do not have dental insurance please skip to the 2<sup>nd</sup> part

**Part 1 : I HAVE DENTAL INSURANCE**      Name of Insurer \_\_\_\_\_

Initial

\_\_\_\_\_ I elect to pay my deductible and any co-payment on each visit as treatment progresses.  
My co-payment or deductible will be paid using:

**Cash** \_\_\_\_\_, **Debit Card** \_\_\_\_\_, **Credit Card** \_\_\_\_\_ **(Sorry, no personal checks)**

\_\_\_\_\_ Your dental benefits are based upon a contract made between your employer and an insurance company. **If you have any questions about your policy please contact your insurance company directly.** Dental benefits will never pay for completion of your dental care. It is only meant to assist you.

\_\_\_\_\_ We currently accept all dental insurance plans (plans that do not require you to pick a dentist on a list). This means we work with literally hundreds of different dental insurance companies that all have different reimbursement rates for services. **This means it is impossible for us to determine the exact dollar amount of coverage.** The information we provide is **ONLY AN ESTIMATE**. If you would like to know the exact dollar amount we would be happy to file a "pre-treatment authorization" prior to treatment, but this will ultimately lead to a delay in dental treatment until your insurance responds.

\_\_\_\_\_ We will bill your insurance as a courtesy. If insurance does not pay within 60 days, we reserve the right to request payment in full for services. We accept all major credit cards, cash, and check.

**Part 2: I HAVE NO DENTAL INSURANCE:**

\_\_\_\_\_ I elect to pay by **Cash** \_\_\_\_\_, **Debit Card** \_\_\_\_\_, **Credit Card** \_\_\_\_\_ **(Sorry, no personal checks)**

\_\_\_\_\_ I prefer to use your in-office finance plan (offered by CareCredit) and to make smaller monthly payments over an extended period of time. I realize that on approved credit, I will qualify interest free for 6 to 12 months.

\_\_\_\_\_ On extensive treatment, I elect to pay 25% as a retainer when the treatment is scheduled, 50% of the total treatment at the appointment time, and the balance of 25% on the delivery or cementation date.

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*Please note that we do not place any silver (mercury) fillings in this dental practice. Some insurance companies will only pay for this type of filling. If you have this type of policy it is your responsibility to know your plan and be prepared to pay the difference in cost for the tooth-colored resin filling and the silver filling.*

**I agree with the above conditions.**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient/Parent Signature: \_\_\_\_\_