

Allen Dental Financial Policy

Please read and sign prior to treatment

Purpose:

The purpose of this document is to make sure that our patients understand the financial aspect of our relationship. First of all thank you for giving our office the opportunity to care for your dental needs! We truly value the relationship we have with you and your family and strive to do our very best to provide the highest quality care available with a conservative and compassionate approach. We understand that quality dental care can be costly at times so we are pleased to offer various payment options.

Payment Terms:

The patient portion of treatment is due on the day of service. Patients without dental insurance, whose accounts are current, will earn a 5% courtesy savings when they pay in full on the day of service with cash or check. Patients will be asked to sign a financial commitment form in situations where multiple treatments and payments are scheduled. Payment arrangements are available to our Orthodontic patients. We gladly accept VISA, MasterCard, and Discover. However, due to the high processing costs of credit cards, no courtesy savings is earned. Our office does not extend credit directly, but we have arranged for 6 or 12 month interest free credit through two independent third parties for those individuals that qualify – it is easy to pre-apply – call us for details. Effective August 1st, 2015, unpaid account balances will accrue interest at a rate of 1.5% per month (annual rate of 18%).

Dental Insurance:

Many employers offer a dental insurance plan as part of their benefit package – those who have dental insurance are very fortunate to have some of the costs associated with dental care paid by the plan. Please keep in mind that dental insurance is a benefit – it is not designed to pay for all of your care and the coverage provisions of an insurance plan should not be confused with what dentistry is needed or appropriate in your particular circumstance – only Dr. Allen and you can determine that. Your insurance policy is a contract between you and your insurance company and therefore it is your responsibility to understand the plan provisions and remaining benefits. As a courtesy to you, we will bill your insurance carrier for you. Please remember that any amounts not paid by your insurance plan are your responsibility.

Fees and UCR (Usual and Customary Rates):

Our practice is committed to providing the best treatment possible for our patients. We take our fees very seriously and strive to charge a reasonable fee for the services we provide – not the highest and not the lowest. Most insurance plans pay benefits based on arbitrary benefit levels established by the insurance company and an employer – these benefit levels are determined by the employers' benefits budgets and do not necessarily correlate with the cost of providing dental care and dental procedure fees in the market. Again, we emphasize that ANY insurance benefit is wonderful to have! You are responsible for payment in full regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients:

An adult must accompany the minor at the time of the first visit. The adult accompanying the minor is responsible for payment of the account.

Late Cancellations or Missed Appointments:

Please respect our staff and other patients, and do your best to honor your appointments. As a courtesy to our patients we call a day or two ahead of your appointment to remind you. Please do not rely on this phone call as your only reminder, as not always can we reach you. If you need to change an appointment, please do so as soon as you know, and do not wait until we call you to remind you of your appointment. We would appreciate a 24-hour notice if you need to cancel an appointment, although we do realize that illnesses and other emergencies may occur, and you will not be able to notify us until the day of your appointment. After a pattern of failed appointments, we may request that you seek treatment elsewhere, and/or charge your account a \$45.00 less that 24-hour notice fee.

Thank you for understanding our Financial Policy. If you should have questions or problems, please let us know and we will be happy to assist you in every way possible.

Patient/Parent/Guardian: _____ Date: _____