



Financial Policy and Appointment Agreement

Insurance:

As a courtesy to our patients, we will gladly file the forms necessary to see that you receive the full benefits of your dental coverage. We ask that you read your policy to be fully aware of any limitations of the benefits provided. ***Please note: Many plans have frequency limitations pertaining to a number of the procedures done in our office. These limitations may change from benefit year to benefit year. If you are concerned about coverage for these services, please contact your insurance company prior to your visit.***

If your insurance company denies coverage, or we otherwise do not receive payment 30 days from filing your claim, the amount will then become due and payable by you. Remember that your coverage is a contract between you and your insurance company and/or your employer and your insurance company. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance company to pay.

Estimates:

Our practice software enables us to estimate your insurance benefits after the dentist has identified any necessary treatment. In cases where extensive dental treatment is recommended, we will submit a pre-authorization to your insurance company for an estimate of dental benefits. Regardless of estimated insurance coverage, any fees incurred for services received, will be your financial responsibility.

Your Payment is Due at the Time of Treatment:

The estimated uninsured portion of your dental treatment fees is due at the time of service, unless prior arrangements with staff have been made. IF YOUR ACCOUNT HAS BEEN SENT TO COLLECTIONS, WE WILL NOT BE ABLE TO SCHEDULE YOU UNTIL YOUR BALANCE HAS BEEN PAID.

Financial Arrangements:

Because we realize that every person's financial situation is different, we provide a variety of payment options.

Payment Options:

For your convenience, the following options are available:

- Cash or check (returned checks will be subject to a \$30.00 returned check fee. If the check is returned for any reason, your account becomes due and payable within 7 days.)
- For your convenience, we have made arrangements to accept payment by Visa, MasterCard, and Discover.
- Care Credit is available to those who qualify. It is a credit card that allows you to pay your bill in full and make interest free payments spread out over a 3-24 month period

depending on total bill amount. Applications are available in our office or online at www.carecredit.com. You can call 1.800.859.9975.

Appointments/Cancellations:

We gladly reserve appointment times as we respect our patients' valuable time and request the same courtesy in return. An appointment is a contract of time reserved for you or your child's treatment. As a courtesy, we will attempt to confirm your appointment by calling you one business day prior to verify your scheduled date and time. If we cannot speak to you directly, we will leave a message for you. However, in the event your mailbox is full, the line is busy, phone is out of service, or voice mailbox is not set up, our efforts to contact you may be unsuccessful. ***IF YOU DO NOT CONFIRM YOUR APPOINTMENT BY 3PM THE PRECEDING DAY, OR FRIDAY IF YOU ARE SCHEDULED THE FOLLOWING MONDAY, YOUR APPOINTMENT WILL NOT BE RESERVED OR GUARANTEED.*** We reserve the right to only see you on an emergency basis after having three missed appointments without 24 hours notice. We also reserve the right to charge for appointments cancelled or broken without 24 hours notice.

INITIAL HERE _____

Patient/Parent/Guardian Responsibility:

I understand that whoever accompanies my child to their dental appointment has authorization to consent to dental care as needed. In cases where a parenting plan exists, the parent that brings the child in for an appointment is considered the guarantor and is responsible for payment. They may then seek reimbursement from the other parent.

I acknowledge my responsibility for payment of all dental services provided by Rawlins County Dental Clinic in accordance with their fees and terms.

I understand that if this account becomes delinquent if no payment has been made within 30 days after billing and at that time the unpaid balance will be subject to a finance charge of 1.5% annually. Any further delinquency will warrant the account being assigned to a collection agency and the possible addition of further charges. Rawlins County Dental Clinic reserves the right to pursue payment through legal action.

Assignment and Release:

I authorize payment to be made directly to Rawlins County Dental Clinic by my insurance company, and I accept financial responsibility for all services not covered by my insurance. I authorize release of any dental care information requested by my insurance company.

My signature below acknowledges that I have read and understand this information.

Patient/Parent/Guardian Signature: _____

Name Printed: _____

Relationship to Patient: _____ Date: _____

Staff Member Initials: _____