

Schaffner Family Dental Financial Policy

Thank you for choosing our office as your dental care provider. We are committed to providing you with the highest quality dental care at a cost that is reasonable. To provide this care on an on-going basis, we have established the following financial policies. Please read and sign this policy prior to treatment.

General Policy:

- Before treatment is performed, we will gladly discuss costs and financial options at your request.
- Payment is due at the time services are rendered.
- If you have dental insurance, we will file claim forms for you with your authorization.
- Any deductible or estimated co-payment is due at the time of treatment.
- For your convenience, we accept the following methods of payment: cash, checks, Visa, Mastercard, American Express and Discover. Care Credit, an extended payment plan with prior credit approval may also be available to you.

Dental Insurance:

- As a courtesy to you, we will process your insurance claims. We will provide an insurance estimate to you; however, we cannot guarantee that your insurance will pay exactly as estimated. Insurance coverage is subject to limitations, exclusions, waiting periods, frequency, age restrictions, deductibles and maximums which vary according to your policy. Please contact your insurance company for details of your benefits.
- Please provide our office with complete insurance information. Without complete information, we cannot process your claim.
- All charges you incur are your responsibility, regardless of your insurance coverage. If your insurance has not made payment within 60 days, we may ask that you contact your insurance company to make sure payment is expected. We will do our best to help you resolve any dental insurance concerns. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.
- Refunds for overpayment will be sent after all treatment is completed and insurance has been collected.

Minor Patients:

- The parent or legal guardian accompanying a minor patient is responsible for payment according to our general financial policy.
- If a minor patient is unaccompanied, the parent or legal guardian is responsible for payment. Payment arrangements must be made prior to the appointment for non-emergency treatment.

Billing and Collections:

- Balances which are 60 days old or older will incur a monthly 1.5% (18% annual percentage rate) finance charge.
- Any account that has not received payment within 60 days of billing will be handed over to a collection agency.

Missed Appointments:

- Your appointment time is reserved exclusively for you. Missed appointments result in increased wait times for you and other patients. In order to provide the most timely treatment for all of our patients, we require a 24-hour notice for cancellations or for rescheduling.
- We understand that unforeseen circumstances may arise which result in a need to cancel or reschedule, and we will work within reason to accommodate your scheduling needs.
- We reserve the right to charge and collect a fee up to \$75 for appointments that are missed or cancelled with less than 24-hour notice.

Consent:

I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to Schaffner Family Dental, P.C. I understand that responsibility for payment for dental services provided in this office for myself or my dependents is mine, and is due and payable at the time services are rendered.

Patient/Parent/Guardian printed name:

Patient/Parent/Guardian signature:

Date:
