

LACAMAS DENTAL FINANCIAL POLICY

It is our financial policy to help our patients with their dental insurance billing. We need you to understand, however, that your insurance is a contract between you and your insurance company. We are not connected to your insurance company in any way other than we have agreed to accept their payments for the portion of your care they are willing to pay.

If you have insurance, we will file your insurance claims for you just after treatment; however, you are responsible for payment. The interest on unpaid accounts accrues at 1.5 percent per month starting at day 31 after treatment. If there is a default in the payment of an installment, the entire balance may be declared due, and thereafter, bear interest at the rate of 18 percent annually. It is further agreed that upon any default, if this matter is placed in the hands of an outside service for collection, with or without a lawsuit, the undersigned agrees to pay reasonable attorney fees and statutory costs. Using past payments as a base, we can provide you with an **estimate** of what your insurance company will *probably* pay toward your dental bill. This is always just our best **estimate**. The difference between the estimate and your total bill (patient portion) is due at the time of treatment. If your insurance has not submitted the estimated portion to us, we will require payment from you. Insurance companies pay more promptly when you are involved in the claims process. We are able to prepare a claim for you to send to insurance if requested. For your convenience, we accept Visa, MasterCard, Discover, Debit Cards and we offer financing through Chase and Care Credit.

Our office is an amalgam/mercury free office. Some insurance companies only allow for amalgam fillings, therefore, they may pay less than our estimate for fillings. We are not responsible for the difference and will require payment from you for the difference.

Insurance note: We will check coverage and file most insurance claims as a courtesy to you. Insurance is an agreement between your insurance company and you. Occasionally insurance carriers will deny procedures they have verbally approved saying they are “not indicated” or “not a covered procedure”. We expect all benefit information to be confirmed by the patient. We are not responsible for denied claims for any reason. However, we will reasonably assist you in claim authenticity and preliminary filling. You are responsible for the bill whether or not you have insurance.

Appointments: We charge a \$50 no-show fee for missed appointments. If you call less than 24 hours prior to your appointment for a cancellation, we charge a \$50 short notice fee. If there is a pattern of missed appointments and short-notice cancellations, we may request prepayment for dental appointments.

I understand and agree to the financial policies as outlined above. Should collection proceedings become necessary, I am responsible for all attorney’s fees and legal costs associated with this action.

Name of Responsible Party

Date