

# Financial Policy for Dentistry of Fishers

## Dr. Jeremy Jones

Thank you for choosing our office as your dental health care provider. We are committed to providing you with the highest quality dental care, so that you may attain optimum oral health. Please understand that payment is considered part of your treatment. The following is a statement of our financial policy, which we require that you read, agree to, and sign prior to any treatment.

***We reserve the right to request a partial payment for appointments over 90 minutes. All deposits will apply towards patient's co-insurance. Failure to provide our office with a 48 hour notice on any change in your scheduled appointment may result in a fee for cancellation.***

Payment is due at the time service is provided. Our office accepts cash, personal checks, American Express, Discover, MasterCard, Visa, and Care Credit.

Please note: Returned checks will be subject to a \$20.00 fee.

### **If you have insurance:**

- As a courtesy to you, we will help you process all your insurance claims. Please understand that we will provide an insurance estimate to you, however it is not a guarantee that your insurance will pay exactly as estimated. Your insurance company and your plan benefits ultimately determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible.
- All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company. Our office is not a party to that contract.
- Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- We ask that you sign this form and/or any other necessary documents that may be required by your insurance company. This form instructs your insurance company to make payment directly to our office.
- We ask that you pay any deductible and/or co-payment, which is an estimated amount, not covered by your insurance company, by cash, check, credit card, or Care Credit at the time services are rendered to you.
- Insurance payments are ordinarily received within 30-60 days from the time of filing. If your insurance company has not made payment within 30 days, we will ask that you contact your insurance company to make sure payment is expected soon. If payment by your insurance company is not received within 60 days, or your claim is denied, you will be responsible for paying the full amount at that time.

We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however, enter into a dispute with your insurance company over a claim.

### **Minors with Separated or Divorced Parents:**

When two parents are each responsible for one half of the cost of a child's dental care, the Parent or Guardian who brings the child is responsible for the co-insurance or the full fee. They will also be responsible for collecting payment from the other parent.

**In case it becomes necessary for our office to enlist a collection service and/or legal assistance; you will be responsible for any collection and/or legal charges incurred, along with any charges associated with those agencies, and/or finance charges.**

**I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO MY DENTAL OFFICE.**

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Patient Name

Signature of Patient or Guarantor, if Minor

Date

***We kindly request that you provide our office with at least two business days' notice on any change in your scheduled appointment. Failure to do so may result in a \$50.00 charge per occurrence or 10% of the total scheduled amount for any appointment scheduled over 90 minutes.***