

FINANCIAL POLICY & AGREEMENT

Welcome to our practice.

It is our goal to provide you and your family with the highest quality dental care. We are committed to supporting you in understanding your dental health and will present you with the best dental solutions available. We hope that this Financial Agreement will facilitate open communication between us, allowing you to make the best choices related to your care and help avoid potential misunderstandings. We are always available to answer your questions or assist you in any way we can.

Payment Options

Payment for our services is due at the time of service. If you are covered under dental insurance, all co-insurance and/or deductibles must be paid at the time of service. We accept cash, personal checks, debit cards, credit cards (VISA and MasterCard) and Health Savings Cards. We offer flexible financing options via CareCredit®. There will be a \$35 charge for a non-sufficient funds check.

Insurance

As a courtesy, our office will file claims and deal with all insurance matters for you; however, your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We will do our best to find out the details of your insurance coverage, but we cannot force your insurance to pay.

***Please understand that it is difficult at times to get all of the details of your insurance benefits. We can only provide **estimates**, as the insurance companies do not guarantee payment. Ultimately you are responsible for knowing your insurance benefits. Please contact your insurance company if you would like to get more information. We can help you by providing you with the correct dental codes.

Please be aware that any portion left unpaid by your insurance company will be your responsibility. **If your insurance company denies a claim, we will help you to appeal that claim, however, the remaining balance is ultimately your responsibility.** Your prompt remittance is appreciated. If you have questions regarding your account, please contact us. Many times, a simple telephone call will clear any misunderstandings.

Cancellation Policy

Each appointment is reserved especially for you and we strongly encourage all patients to keep their appointments. If you need to reschedule your reserved time, we require at least 2 business days advance notice to avoid a **\$75 per hour cancellation fee**.

I authorize payment to be made directly to Delia Constantin, D.D.S. and Bonney Lake Dental Center by my insurance company. I accept full financial responsibility for all services performed in this office. I acknowledge that I have received and reviewed the Financial Agreement.

Patient or Legal Guardian Signature

Date

Patient Name (please print)