

Financial Policy

Thank you for choosing Family Dental Health. Dr David A Case and staff believe in giving you the best possible dental care and want you to feel as comfortable as possible throughout your treatment. This includes understanding your treatment plan as well as our financial policy.

Do You Accept My Insurance? How Much Will They Pay?

We currently work with most private dental benefit plans. The amount of coverage that your benefit plan provides is negotiated between your employer and the insurance company. Payments of benefits are never guaranteed by the insurance companies. Therefore, it is impossible to give you a guaranteed quote prior to or at the time of service, even if the services are preauthorized. We estimate your portion based on the most up-to-date information we have, but it is still **only an estimate!**

_____ Initial

My Insurance Did Not Pay-Now What?

Please keep in mind that a dental benefit plan is a contract between you, your employer, and the insurance company. We will bill your insurance company as a courtesy to you; however it is your obligation to know your insurance plan. **We will allow your insurance company 90 days to pay on claims. After that time you will be billed for all unpaid charges.**

Financial Options

1. **Payment is due at the time of service. We accept cash, checks, Visa, MasterCard, Discover, Amex Compassionate Finance and Care Credit.**
2. **No Insurance/Cash Payment:** Patients without insurance can receive a 10% reduction in charges when paid in full at the time of service. Cash or check only. A \$25 fee will be assessed for any returned checks.
3. **Monthly payments:** Compassionate Finance offers payment plans up to 60 months. Low monthly payments and fixed interest rates.

Finance Charges: All past due balances (90 days and greater) are subject to finance charges of 18% APR, or a minimum of \$5 per month. This is to offset the costs associated with repeated billing statements.

Broken Appointment Fee: A fee of \$35 is charged for appointments missed or broken with less than 24 hours notice. Your appointment time is reserved for you and without notice in advance we are generally unable to make use of the missed appointment time.

I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, I agree to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment.

Patient name: _____

Date: _____

Signed: _____

Date: _____