



Thank you for choosing our office as your dental healthcare provider. We are committed to providing you with the highest quality dental care and provide you clear understanding of our payment, insurance policies and office policies.

PAYMENT OPTIONS

- **Cash or check we offer a 5% prepay savings.**
- **We accept all major credit cards.**
- **Care Credit (you must qualify to use this option).** Through Care Credit we offer; 6 & 12 month plans with no interest and extended plans available with interest.
- **Patients with dental insurance are required to pay their co-payment. Since we do not know the exact figures, we ask for 1/2 down on larger operative work. Fillings 20% down.**
- **Please let us know in advance if you are using a Flex Card or HSA.**

Treatment plans and prior authorizations are estimates only. Teeth may have hidden decay or affected nerves, requiring more extensive dental treatment or additional charges. as a condition of treatment, financial arrangements must be made in advance.

INSURANCE

- **We are happy to submit a prior authorization estimate when asked.** However, this is not a guarantee of payment.
- **You are responsible for knowing your insurance benefits and yearly maximum amount as stated in your insurance contract.** We cannot render services based on the assumption that charges will be paid by your insurance.
- **Please bring along your insurance cards.** If you have more than one dental insurance coverage for your family, please inform us who is primary after you have contacted both insurance companies. This decision is made solely by your insurance companies, and they must be informed if there is dual coverage. Please inform us if you have embedded pediatric coverage.
- **We will help process all your dental insurance claims and provide support to help maximize your benefits.** Policy coverage, benefit changes and follow ups on unpaid claims is patient responsibility.
- **You are responsible for payment regardless of your insurance company's arbitrary determination of usual and customary rates.** Our relationship is with you, our patient, not your insurance company.
- **Insurance coverage is a contractual agreement between your insurance company and your employer.** We do not have any control over what your employer has chosen for you or this relationship.

DELTA DENTAL / SACM

- **Most Delta Dental Insurance Companies** pay benefits directly to the patient therefore any restorative work will need to be paid in full at the time of service. Please remember to verify that you received your benefit check.
- For individuals covered by **SACM United Healthcare Group #1033931**, payment is required on the date of service. Reimbursement will be provided based on the amount covered by your insurance.

SEPARATED OR DIVORCED PARENTS

- **Our policy** is that the parent who brings the child to our office for treatment is responsible for payment.

BALANCE

- **Should you end up with a balance on our account due to underestimation of your insurance co-payment,** we will send you a statement of what is due. Keep in mind that the statement will go out even when the insurance is pending. This will allow you to easily see if any insurance is still pending. A past due account may be subject to collection fees, court costs and attorney fees. Benefits will be authorized to be paid directly to our office.

MISSED APPOINTMENTS AND CANCELLATIONS

- **We reserve the right to charge a fee for a missed appointment or a cancelled appointment without a 24-hour notice.**

****Patients requiring assistance with transferring from a wheelchair are kindly requested to bring a companion to provide the necessary support.****