
FINANCIAL ARRANGEMENTS

Financial arrangements are both necessary and beneficial in maintaining a sound professional relationship. We will inform you of our office policy in this regard.

1. On the initial visit, payment for service is due at the time service is rendered unless payment arrangements have been approved in advance by our staff.
2. Patients are responsible for all charges incurred at each visit.
3. Returned checks and delinquent balances will be subject to additional late fees and interest charges of 1.5% month. You are also responsible for all costs associated with collecting past due balances.
4. We accept cash, checks, Visa, MasterCard, American Express, debit cards and offer health care finance for those who qualify.
5. We understand and agree that should we fail to arrive at our agreed upon appointment time without notifying the staff at Dental Smiles Unlimited at least 24 business hours prior to that agreed upon time that we shall pay the "set-up" and sterilization fee (\$50.00.)
6. In the event of duplicate payment, you will be reimbursed. **Please provide our staff with all pertinent insurance information, so that we may file the insurance for you.**
7. Questions regarding your account may be directed to our office staff.

IMPORTANT DENTAL INSURANCE INFORMATION FOR OUR PATIENTS

Understanding your insurance coverage can be a challenge. Our goal is to assist you in maximizing your benefits. We care for patients from many different companies. Each company pays an insurance premium for specific cover which fits the company's budget. Each plan is slightly different in its covered services. We encourage you to become familiar with your policy's exclusions, deductibles and required co-payments.

Our courtesy service to you includes:

1. Researching your dental insurance plan to advise you of benefits available to you.
2. Following the American Dental Association guidelines for coding procedures and filing insurance.
3. Filing your insurance in a timely manner and requesting payment of your benefit to our office, when possible.
4. Electronically filing your insurance for short turnaround, when available.
5. Re-filing your insurance a second time within 60 days.

Our expectations of you as the owner of the policy:

1. Copayments are due at time the procedure is performed. Please let us know how you would like to handle your copay.
2. Understanding that the insurance policy belongs to you and we have no leverage to obtain payment from the insurance carrier.
3. Realizing that some policies restrict payment for some services, and exclude some procedures based on prior conditions or length of time on the policy. All restrictions are based on the premium your employer paid for insurance - not our fees or recommended treatment.
4. **Assuming responsibility for payment if the insurance company does not pay our office within 75 days.**
5. Immediately informing our office of any changes in your insurance coverage or employment.

Thank you for taking the time to read this. Sign the space below and if you have dental insurance, please provide us with your insurance card so that we may copy it to our records.

I hereby authorize Dr. Finlay/Dental Smiles Unlimited to release pertinent information to my insurance company for the processing of dental claims. I hereby authorize benefits to be paid directly to Dental Smiles Unlimited, PC. I understand I am responsible for any unpaid balance on my account.

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Signature of Patient/Insured

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Date