Acre Wood Dental Financial Policy

Thank you for choosing us to provide your dental care. We consider it an honor to have been chosen by you to do so. Our philosophy in serving people is to be informative, honest and forthright. Nowhere is that more important than in the area of finances. This Financial Agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances. If you have any questions or concerns about our Financial Agreement please do not hesitate to ask our business office staff.

By executing this agreement, you are agreeing to pay for all services that are received.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Payment options:

- You may choose to pay by cash, check, or credit card on the day that treatment is rendered.
- If you have insurance you may pay your deductible and any out-of-pocket amount at the time services are rendered by cash, check, or credit card.
- We offer an in house **Dental Savings Plan** for our patients. Please ask us about details.
- We offer special financing through CARE CREDIT. Please ask us about this option.

Payments: Unless we approve other arrangements in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within 15 days from statement date. You are responsible to inform us of any address or telephone changes. If your account becomes 120 past due and we are unable to contact you because your information is incorrect your account balance will be sent to a collection agency and you will be responsible to pay the balance plus any collection fees.

Credit History: We have the option to report your account status to any credit reporting agency such as a credit bureau.

Required payments: Any co-payments required by an insurance company must be paid at the time of service.

Returned checks: There is a fee, currently $35, for any checks returned by the bank. Before we accept another payment by check, the $35.00 fee plus full payment for the check that did not clear must be paid in cash, or by credit card.

Missed appointment fee: Patients who do not show up on time for an appointment, or cancel with less than 48 hours' notice will be charged a $50 fee. The fee will be waived if the appointment is rescheduled. The second time a patients does not show up on time for an appointment, or cancels with less than 48 hours' notice, a $50 fee will be charged and the patient will be responsible to pay. This fee must be paid before a new appointment is scheduled.

Over Due balance: Outstanding balances on your account are discouraged, and must be cleared before the next appointment can be made. Appointments for non-emergency treatment will need to be postponed pending payment of outstanding balances. An account with an unpaid balance past 120 days will be sent to a collection agency. At that time, you will be responsible for any and all costs incurred in the collection of your debt.
We understand temporary financial problems may affect timely payment of your balance. In those situations we encourage you to communicate any such problems immediately so we may assist you in the management of your account.

Minor Patients: The parent or guardian accompanying the minor is responsible for full payment. In the case of divorced or separated parents, the parent accompanying the child is responsible for payment, without any exception. This office will not attempt to collect payment from a parent that is not present in the office at that visit.

Patients with Dental Insurance: As a courtesy we will gladly file your claims and accept assignment of dental insurance benefits provided you agree to the following:

- You understand that your treatment plan is individually tailored, and is not based on your dental insurance benefits or lack of benefits.
- You must provide us with an insurance card and all the information necessary to verify your coverage and file your claim.
- Your insurance policy is a contract between you, your employer and the insurance company. Our relationship is with you and not your insurance company.
- Although we may estimate your insurance benefits we are not responsible for their accuracy. Knowledge of benefits as well as benefit amounts, limitations, exclusion's, waiting periods, etc. is entirely YOUR responsibility. Receiving our services indicates your acceptance of responsibility to pay regardless of our estimate.
- All charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. Not all the services we provide are covered benefits. Benefits differ from one company to another. Fees for non-covered services, along with deductibles and copayments are due at time of treatment.
- We do not file claims for medical insurance or more than two dental insurance companies per patient.

Consent and Authorization: I authorize dental treatment and agree to pay all related professional fees. Fees not covered by my dental insurance will be promptly paid upon notification from this office. I have read and understood this document in its entirety, outlining office policies and financial policies of Acre Wood Dental. Without any reservations, I agree to abide by the policies outlined herein.

Form Completed by:

Printed Name____ Date_____________________

First Name Last Name

Signature____

Staff Initials___________

(Patient or parent/guardian of minor)

Submit