

Our Office Financial Policy

Thank you for choosing us as your dental health care provider. We believe that all patients deserve the very best dental care we can provide. We also believe that everyone benefits when specific financial arrangements are agreed upon. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require that you read and sign prior to any treatment. All patients must complete our information and insurance forms before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE.

WE ACCEPT CASH, CHECKS, VISA AND MASTERCARD AND DEBIT CARDS.

- **5% DISCOUNT FOR CASH, CHECK, OR DEBIT CARD PAYMENT IN FULL ON DAY OF SERVICE**

WE ALSO OFFER CARE CREDIT WHICH IS AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.

Regarding Insurance

It's important to remember that your insurance coverage is a contract between your employer and your insurance company. Benefits and coverage vary significantly from plan to plan depending upon what your employer has agreed to with the insurer. Please keep in mind that insurance is not designed to provide 100% benefit, but rather is meant to assist in the cost of dental care. To avoid surprises on your bill, it is important to understand what your insurance will cover, and what you will need to cover in some other way. Dental benefits should not be confused with the dental services you need, which are determined by you and the doctor. We participate or are considered "in-network" with Delta Dental, Blue Cross Blue Shield, and Ameritas.

As a courtesy to our patients, we are happy to submit your claims for services. In order for us to do this, you must provide us with accurate and up-to-date insurance information. We will verify your coverage and plan before your appointment. With this, we will estimate the insurance portion and your co-payment. This may or may not be what the insurance company will actually pay. Your plan may base its dollar allowance on a usual and customary fee schedule which may not coincide with current fees in our area. We'll do our best to help you receive maximum benefits. Patients are responsible for all balances incurred for services received.

We will wait 45 days for insurance claims to be paid. After 45 days if payment has not been made, you will be asked to pay the balance and seek reimbursement from your insurance company.

Adult Patients

Adult patients are responsible for full payment at the time of service. If you are unable to pay at this time, be sure to point this out when you arrive for your appointment.

Minor Patients

The adult accompanying a minor and/or the parents (or guardians) are responsible for full payment at the time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at time of service has been verified.

Payment Plans

Rosenau Family Dentistry has partnered with Care Credit, a patient financing company, to offer our patients 0% interest financing for 3, 6, or 12 months with approval. No other payment plans are available.

Missed Appointments

We, here at Rosenau Family Dentistry, are truly blessed with wonderful patients. We fully understand that life can be unpredictable and many times things come up unexpectedly. However, please understand that your appointment time is reserved especially just for you, and we truly do look forward to helping you with your dental needs. When life does take an unexpected turn and you cannot make it to your dental appointment, we respectfully request that you notify us at least 24 hours ahead. If you missed the first appointment without notifying us, we will kindly ask that you not do that again. The second time you miss your appointment, we reserve the right to charge to your account a missed appointment fee of \$40 dollars. You will have to pay the fee prior to making another dental appointment with us. If you missed the third time without notifying us, you will be put on a walk-in status only or we may decide to terminate our relationship with you and ask that you seek dental services somewhere else. You will be allowed to get emergency dental services for the next 30 days while you look for a new dental home. We thank you ahead for your cooperation and hope that we will never have to implement this policy.

Billing

All accounts which have not paid the estimated portion of their bill at the time of service will incur a \$3.00 billing charge each month until the balance is paid. Balances which are 30 days old or older will incur a monthly 1.5% finance charge with equals an 18% per annum rate. There is also a \$30 returned check fee.

Refunds

Refunds for overpayment will be sent after all treatment is completed and insurance has been collected.

Collections

Any account that has not received payment in 90 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. This will negatively impact your credit history and limit the treatment you can receive at our office.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. We look forward to providing the highest quality dental care in a relaxing and caring atmosphere.

I have thoroughly read the Financial Policy. I understand and agree to this Financial Policy.

Patient Name

Date