Office Policies

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality dentistry in a caring and enjoyable atmosphere. Below you will find information on our office policies. Please feel free to ask one of our staff members any questions you may have. We look forward to providing you with the highest standards of dental care.

Insurance Filing

We file all claims forms electronically, provide postage for special claims and track the claims as courtesy to our Patients. Our office will accept assignment for the primary and secondary insurance coverage. We make every effort to accurately estimate your benefits prior to your appointment, however, most insurance companies do not give an accurate estimate until the actual claim is received and processed. **The benefits we are given by the insurance company are an ESTIMATE ONLY and not a guarantee of payment.**

On the day of your appointment you will be asked to pay the portion that we estimate the insurance company will not cover based on your coverage then file the claim and the insurance portion will be paid directly to our office. If the insurance check is sent directly to you, then you will be asked to pay the entire portion at the time of treatment. **Any amount not covered by your insurance will be your responsibility. If there is a difference between your portion and the insurance company's payment, we will send you a statement for the balance.** Our office will file your insurance claim a maximum of two (2) times per appointment. If the claim is not paid by your insurance carrier within sixty (60) days, you will be responsible for the full balance and further insurance appeal becomes your responsibility.

Payment Options

Our goal is to help remove the financial barriers so our patients can receive the dental care they need and desire. We accept cash, checks, Visa and MasterCard. We also offer treatment financing through Care Credit.

Please note that any account balances that reach 90 days past due will be turned over for collection. There will be a $30 service charge for all returned checks.

Patient Name _____

Patient Signature_____ Date_____