

CRESCENT DENTAL - Financial Policy

This Notice describes your financial obligation and payment options.

Payment is due at the time services are rendered. For your convenience we accept Cash, Certified Checks, Chase Health Advance, Care Credit, Discover, Visa and Master Card.

Dental Insurance: Insurance benefits are determined by your employer and your insurance carrier, not your dentist. You are responsible to know the scope of your insurance policy and its limitations. Insurance is not a guarantee of payment and insurance companies typically will not pay for all of your treatments. If you receive a statement from our office and disagree with how your insurance carrier processed the claim, please call the carrier. You are responsible for payment of any deductible and co-payment amounts at the time of service according to the terms of your insurance policy. Your insurance coverage is a contract between you and your insurer. Your account with us and payment of fees are your responsibility, not your insurance company's. As a courtesy we will submit your insurance claim on your behalf. You will be expected to pay for services rendered in full if our office is unable to verify your insurance information before treatment. If payment for services already rendered has not been paid in full within 90 days, either by you or your insurance company, the remaining balance is considered due and immediately collectible.

Delinquency: We reserve the right to charge and collect a fee of \$100.00 for broken appointments - appointments that are cancelled or broken without 48-hours advance notice. Exceptions will be made on a case by case basis. Appointment times are reserved exclusively for you. If three appointments are missed by you that were not properly notified, you may be dismissed from our practice. Returned check fee of \$15.00 will be added to your account balance and is collectible. Any account balance overdue longer than 90 days is subject to 5% interest on a monthly basis and is considered delinquent and may be sent to small claims court or collection agencies with notice given to you in advance. You are responsible for any interest, legal or collections related fees. Payment in full of any past due balance is expected before any further treatment is rendered.

Discounts: A 5% courtesy discount will be applied to the client's treatment if payment is made in full by cash, credit card or certified check prior to the treatment. We will fill out your dental insurance claim form for you. You mail it, and will receive payment directly from your insurance company usually in 4-6 weeks. This is our way of saying thank you for being financially responsible and reducing our load of paper work, administrative, and accounting expenses.

Payment Plans: We offer extended payment options through Care Credit and Chase Health Advance, which allows for up to 12 months at no interest and no finance charges. These payment plans also have extended payment options that allow payments of up to 48 months through a low interest plan. Care Credit and Chase Health Advance are offered through financial institutions and are subject to credit review by them.

As guarantor of my account, I understand that I am solely responsible for all of the fees for the dental treatment. I further agree that I have received a copy of this office financial policy and agree to its contents.

Print your name: _____ Patient's name if not self: _____

Signature: _____ Date: _____