



Financial Guidelines

We are committed to providing you with the best care possible to achieve total oral health. In order to achieve these goals, we need your assistance and your understanding of our financial guidelines.

Insurance

We file all dental insurance claims; however we may not be an in-network provider for your plan. If we are not an in-network provider, review your plan details, in many cases, insurance reimbursement is different for out-of-network providers.

- **We are in network for Aetna Dental PPO, MetLife PPO, Cigna PPO, and GEHA/Connection Dental PPO.** If we are not a participating provider with your insurance plan, payment is expected at the time of the service and insurance will be filed to reimburse you directly.
- **No estimate is a guarantee of payment.** You are responsible for all charges not paid by your insurance company. Also, many insurance companies exclude coverage for certain dental procedures or downgrade procedures to a lesser reimbursement level; in which case, you would be responsible for the difference.
- **Workers Compensation claims** will be filed for you. Payment is required at the time of the service. The carrier will assign a dollar amount that will be paid towards the claim, which may or may not cover the entire fee. Any amount not covered by the carrier, will be your responsibility.

Payments

- **Patient portion or patient co-pay is due at the time services are rendered.**
- **Payment Information:**
 - o All major credit cards are accepted (Visa, MasterCard, Discover, American Express)
 - o Third-party financing options are available through CareCredit®
- **Unpaid balances remaining after 90 days will be automatically turned over for collections processing.** We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Short Cancelled/ Missed Appointments

- **Please give 48-hour notice** if you are unable to keep your reserved appointment time. Unless an emergency occurs, we expect to run on time for your appointment, and we appreciate the same courtesy from you. **Short canceled or missed appointments will be charged \$45.00 broken appointment fee.**

By signing below I acknowledge I have read and understand the guidelines above.

Signature of Patient or patient's representative

Date