

ABSOLUTE DENTAL FINANCIAL POLICY

Thank you for choosing Absolute Dental for your health care needs. We are committed to providing the very best dental care treatment. The following is a statement of our financial policy, which you must read, agree to, and sign prior to treatment. Our financial policy applies to all services rendered by our staff.

Practice payment policy:

- 1) Patients/guardians are financially responsible for all charges, regardless of any third party involvement.
- 2) Full payment is due at time of services, unless prior insurance billing Arrangements have been made.
- 3) Patients with insurance will be required to pay all out-of-pocket fees at the time of service.
- 4) We accept:
 - cash, check, Visa, Master, American Express or Discover Card.
 - NO INTEREST Payment Plans from CareCredit
 - Allow you to pay over time with NO INTEREST
 - Convenient, low monthly payment plans also available
 - No annual fees or pre-payment penalties

Patient/Guardian financial responsibilities:

Provide Accurate Information:

You have a responsibility to provide accurate and complete information about your mailing address, dental insurance and other billing information. If any information changes (name, address, phone number insurance coverage etc.) you must inform the practice immediately. Insurance denials or billing errors due to incorrect information supplied by the patient will result in the transfer of the account balance to the patient's immediate financial responsibility.

Self-Pay Patients:

Patients without insurance coverage are expected to pay for services received in full at the time of service, unless a satisfactory payment agreement has been made with our billing manager prior to services being rendered.

Patient with Private insurance/Medicare Coverage:

Our dentist participates with the Medicare program and with most major insurance companies. We will file claims to your insurance for payment directly to our practice. For participating insurance plans the practice will accept payment based on contractual agreements. For plans in which we do not participate the practice will expect full payment from the patient at the time of service. The patient's insurance coverage or payment dispute is a matter between the insurance policyholder and the insurance company.

Patient payment agreement:

I understand that I am financially responsible for all charges regardless of third-party involvement. I agree to pay any deductible, coinsurance, or services deemed as "non-covered" by my insurance carrier at the time of service. If my insurance has not paid on my account in 75 days, the outstanding services will become my responsibility.

Patient/Responsible Party/ Guardian Signature

Date
