

Financial policy is for your information and review.

Please review our financial policy and sign below:

1. **Verification of Insurance Estimates:** Your portion of the payment and your insurance benefits were determined by contacting your medical and / or dental insurance companies by a process known as Verification of insurance benefits. .
2. **An estimate of payment :** Your insurance carrier has indicated that the information they have provided us is not a guarantee of payment but rather an estimate based on your plan benefits available as on the date of the call.
3. **Dental plans have a yearly maximum :** The dental insurance plans are intended to help with the cost of preventative care recommended and rarely cover every service necessary. Please be aware of total amount used for the year before any procedure being done.
4. **Medical plans have high deductibles :** Medical plans even though sometimes may cover a dental / oral surgery procedure but may have have a high deductible, which needs to be met.
5. **Payment at time of service :** Your part of payment is due at time of service. We will encourage you to make the payment before your appointments. It is helpful to patients at completion of the service to not wait for payments and paper work associated with that. This is especially helpful for oral surgery procedures.
6. **Follow up of Dental Claims :** We understand that you will want us to utilize your benefits to which you are entitled. We will work with you to obtain the most out of your medical/dental benefits by submitting x-rays, other diagnostic images, and written diagnostic reports on your behalf. We will follow up with your insurance carrier as well.
7. **Additional information needed:** In case your insurance carrier needs any additional information, and we need your assistance for this, we will contact you via email, text or phone call,
8. **Please respond to our emails, calls or texts** within three business days. Failure to do so will delay the claim process. If we get no response for 10 days, your account will be marked due immediately from you.
9. **Please provide correct Insurance information before the procedure:** We work very hard to get you a precise estimate for your part of the payment. We honor what we had discussed with you regarding finances involved in your treatment. To achieve this goal we rely on the information provided to us by you and your insurance carrier. Please provide us the most updated information and keep us posted with any changes in your insurance plans.
10. **Payment denied due to incorrect information provided by you:** Any payment denied by your insurance carrier, due to wrong or missing information provided to us will be your responsibility. Once we make you aware of this situation. Please make this payment immediately.
11. **Correcting your information:** You may contact the carrier to correct any information which they need. (Some examples for this situation could be termination of benefits

before or on day of procedure / benefits already used up before date of procedure). It will be your responsibility to get this corrected.

12. **Insurance payments directly sent to you:** At times some insurance carriers will send the insurance payment directly to you. Once you have received the payment from your insurance carrier, please send us the payment via check or credit card authorization.
13. **90 days Policy for insurance payment from insurance carriers.** Most of dental and medical insurances take 30- 45 days to pay for a claim. If an insurance carrier fails to make payment within 90 days of filing of claim. The payment will be due immediately from you. Please follow up with insurance carrier for the timely payment.
14. For extensive treatments if you have requested an in-house or third party payment plan, please review the plan with its terms and conditions provided separately to you.

Once you have reviewed this information and you have any additional questions, please give us a call or email us.

We are here to assist you in your journey with dental specialty treatment. We are committed to your care as our primary goal.

We look forward to seeing you soon.

Patient's Name:

Patient's Signature

Date: