

Financial Policy

We are committed to providing you with the best possible care, and are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Feel free to ask about our fees, Financial Policy, or your financial responsibility.

If you have dental insurance, we will help you receive your maximum allowable benefit. Dental insurance is a contract between you and your insurance company. It is your responsibility to understand the extent and limits of your coverage. It is not our place to enter into disputes between you and your insurance company regarding your benefits, other than to provide factual treatment information. Our staff will help you process whatever paperwork that is required, however; the ultimate responsibility lies with you for any balance due.

I UNDERSTAND THAT IF MY PRIMARY DENTAL INSURANCE PAYS MORE THAN THE ALLOWED AMOUNT RECOMMENDED BY MEDICAID, MEDICAID WILL NOT PAY THE DIFFERENCE AND THAT I AM RESPONSIBLE FOR THE REMAINING BALANCE.

WE ARE NOT A PARTICIPANT OF ANY DENTAL PLAN EVEN THOUGH YOUR REFERRING DENTIST MAY VERY WELL BE AND HAS REFERRED YOU TO OUR OFFICE FOR TREATMENT.

YOU ARE RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT. RETURNED CHECKS AND BALANCES OLDER THAN 60 DAYS WILL BE SUBJECT TO BEING TURNED OVER TO A COLLECTION AGENCY.

I UNDERSTAND THAT IF MY SERVICES ARE NOT COVERED BY ACUMEN OR NOW/COMP WAIVER WITHIN SIX MONTHS FROM THE DATE OF SERVICE, I AM RESPONSIBLE FOR THE BALANCE. IT IS ALSO MY RESPONSIBILITY TO CONTACT MY SUPPORT COORDINATOR FOR PAYMENT.

My signature below indicates that I have read and understand the financial policy as stated above and agree to accept responsibility as described. I understand that regardless of my insurance status, I am ultimately responsible for payment of my account.

PARENT/GUARDIAN/PAYEE INFORMATION ONLY

_____ Parent/Guardian/Payee Name	_____ Phone number
_____ Address	
_____ Parent/Guardian/Payee Social Security #	_____ DOB
_____ Signature of parent/guardian/payee	_____ Date