

FINANCIAL POLICY

Thank you for choosing Cary Family Dental for your dental care. Our goal is to provide for you a pleasant and relaxing environment with the finest care possible. We will strive to educate you about your diagnosis and treatment alternatives as well as your financial options. This document is designed to help you understand our office procedures and policies.

PAYMENT - is expected the day dental services are provided. For your convenience, American Express, Discover, Master Card, Visa, debit cards, checks and cash are accepted. We will provide a treatment plan printout that will detail your diagnosis, treatment alternatives, estimated insurance coverage (if applicable) and your estimated portion. Please note that an insurance estimate is not a guarantee of insurance payment.

SEDATION APPOINTMENTS - must be paid in full at the time of scheduling or no later than 2 weeks prior to the appointment.

INSURANCE PAYMENT - As a courtesy to you, we will file your primary insurance claim and are willing to wait up to 45 days from the date of service for payment. If payment has not been made, we will contact your insurance carrier and strive to resolve any reason for delay. If unable to immediately resolve the situation, a statement will be sent to you for immediate payment by the responsible party. WE MUST EMPHASIZE that our relationship is with you and not your insurance carrier. Our primary concern is for your well-being and we structure your treatment accordingly.

DENTAL INSURANCE - We accept most PPO and traditional insurances. Out of network insurances that require a specific provider (e.g.: DMO, HMO, Medicare and Medicaid) requires patients to go to an in network provider. We do ask for you to provide us with your insurance information at the time you schedule you initial appointment.

APPOINTMENTS - We value your busy schedule and strive to see patients at their appointed time. We ask you to extend the same courtesy. Please provide 48 hour notice for standard appointments and 2 weeks' notice for sedation and extended length appointments. Failure to give adequate notice will result in a minimum cancelation fee of \$50 or \$100 per hour for sedation and extended length appointments respectively.

RETURNED CHECK FEE - A fee of \$35 will be charged for any returned check. The entire outstanding balance and returned check fee must be paid immediately upon notification from our practice.

I fully understand that I am responsible for all my dental treatment costs and any other family/persons in which I am the legal guardian for with or without insurance coverage. I agree and understand in the event I do not pay my account balance within 90 days and my account is placed in the hands of a collection agency and/or attorney for collection proceedings, I will be legally responsible for all costs of collection, including but not limited to: collection agency fees, outstanding account balance, and any court or attorney fees incurred. I understand it is my responsibility to inform Cary Family Dental of any financial or insurance changes prior to appointment.

Patient Name _____ Responsible Party _____

Signed _____ Date _____