

TRI-COUNTY DENTAL

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## FINANCIAL POLICY

Thank you for choosing TRI-COUNTY DENTAL as your dental provider. We are committed to providing you the best available dental care. Our personnel will be pleased to discuss our fees and this policy with you at any time.

We ask that all patients read and sign our financial policy as well as complete our PATIENT REGISTRATION form prior to seeing the dentist. Payment for services are due at the time services are rendered. We accept cash, check, Visa, Master Card, Discover, and American Express.

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you. We cannot become involved in disputes between you and your insurer regarding deductibles, and covered charges, secondary insurance and "usual and customary charges."
2. All charges are your responsibility whether your insurance company pays or does not pay. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
3. Fees for these services, along with unpaid deductibles are due at the time of treatment.
4. If your insurance company does not pay your claim within 30 days, it is your responsibility to contact your insurer to expedite payment. After all, if your insurance does not pay, you are responsible for payment.
5. If your insurance company does not pay in full with-in 60 days, we require that you pay the balance by cash, check, or any major credit card.
6. Returned checks and balances older than 45 days may be subject to collections placement and collection fees.

**Please note that if you must cancel or reschedule your appointment, all cancellations and reschedulings must be made at least 24 hrs in advance. If you fail to cancel or reschedule your appointment at least 24 hrs in advance, you will be charged \$25.00 for every 30 minutes of the broken appointment. Please, also be aware there will be \$25.00 charge for the release of your records or X-rays.**

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems to us, so that we may assist you in management to your account.

Again, thank you for choosing TRI-COUNTY DENTAL as your dental provider. We appreciate your trust in us and we appreciate the opportunity to serve you.

Patient's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_