

FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment. It is our hope that this policy will facilitate open communication between us and help avoid potential misunderstandings, allowing you to always make the best choices related to your care.

INSURANCE:

Please remember your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, our office provides certain services, including a pre-treatment estimate which we send to the insurance company at your request. It is physically impossible for us to have the knowledge and keep track of every aspect of your insurance. It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

Please be aware some or perhaps all the services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether your insurance company pays any portion. At this time, we are not contracted directly with any insurance provider.

PAYMENT:

Understand that regardless of any insurance status, you are responsible for the balance due on your account. You are responsible for all professional services rendered. This includes but is not limited to dental fees, surgical procedures, tests, office procedures, medications, and any other services not directly provided by the dentist.

FULL PAYMENT is due at the time of service unless other arrangements are made prior to the initial appointment.

UNPAID BALANCE:

Balances over 90 days old will be subject to a monthly interest of 5.0% (APR 25%). If payment is delinquent, the patient will be responsible for payment of collection, attorney's fees, and court costs associated with the recovery of the monies due on the account.

DEPOSITS:

Deposits will be required for treatments estimated to be \$3,000 or more. DiBona Dental Group will request a deposit of 20% of calculated patient responsibility after insurance calculations are applied. If the patient does not have insurance, they will be responsible for the full 20% deposit. When crowns are proposed, the patient will be responsible for their full estimated responsibility on the day of crown prep. This amount will be applied to the cost of the crown on the day it is seated.

MISSED APPOINTMENTS:

Unless we receive notice of cancellation 48 hours in advance, you will be charged \$150. Please help us maintain the highest quality of care by keeping scheduled appointments.