# FINANCIAL POLICY

1. It is our policy that all services rendered in this office are charged directly to you, the patient. If the office accepts your insurance, we will as a courtesy submit your claims directly to the insurance company for payment and you will only be responsible for your co-payment at the time of service. However, in the event that any part of your claim is not paid you agree that this outstanding balance will be your responsibility.

2. If for any reason your insurance policy is cancelled or changed you must inform us immediately as it is your responsibility to keep the office up to date on any changes. If we do not participate with your new insurance and you have already had work done or work is in progress, it is your responsibility to pay in full for any charges incurred. **Any insurance coverage disputes should be handled directly by the patient with their respective insurance company.**

3. All co-payments are due at the time of your office visit. If unable to pay at the time of your visit, an extra $20.00 service charge will be applied to your balance.

4. ALL NEW PATIENTS: First visit will consist of x-rays and examination. When possible, a cleaning will also be done. Patients with recent x-rays are responsible for having them sent to our office prior to the visit. If new x-rays are not covered by insurance it is your responsibility to pay for any additional charges incurred. Emergency visit patients will have an x-ray taken and a diagnosis made of the condition before any work is started.

5. All patients with insurance must pay their deductible and co-insurance in FULL. **An insured patient's balance may not exceed $100.00 at any time.** We have the right to refuse new treatment until patient is in good financial standing.

6. Returned checks and balances over 30 days will be subject to additional collection fees and interest charges of 1 ½% per month.

7. A charge of $25.00 will be made for all missed ½ hour appointments that are cancelled without 24 hours notice. Missed appointments of 1 hour will be charged at $50.00 and each additional ½ hour of scheduled appointments beyond 1 hour will be charged at a rate of $25.00 per ½ hour. Should a broken appointment fee be charged to me, I agree to pay this fee in advance of my next scheduled appointment.

**Signature _____ Date_____**