

Financial Policy and Agreement

Insurance:

As a courtesy to our patients, we will gladly file the forms necessary to see that you received the full benefits of your dental coverage. We ask that you read your policy to be fully aware of any limitations of the benefits provided. **Please note: Many plans have frequency limitations pertaining to a number of the procedures done in our office. These limitations may change from benefit year to benefit year. If you are concerned about coverage for these services, please contact your insurance company prior to your visit.**

If your insurance company denies coverage, or we otherwise do not receive payment 30 days from filing your claim, the amount will then become due and payable by you. Remember that your coverage is a contract between you and your insurance company and /or your employer and your insurance company. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance company to pay.

Estimates:

Our practice software enables us to estimate your insurance benefits after the dentist has identified any necessary treatment. In cases where extensive dental treatment is recommended, we will submit a preauthorization to your insurance company for an estimate of the dental benefits. Regardless of estimated insurance coverage, any fees incurred for services received, will be your financial responsibility.

Your Payment is Due at the Time of Treatment:

The estimated uninsured portion of your dental treatment is due at the time of service.

Financial Arrangements:

Because we realize that every person's financial situation is different, we provide a variety of payment options.

Payment Options:

For your convenience, the following options are available:

- Cash or check (returned checks will be subject to a \$30 returned check fee. If the check is returned for any reason, your account becomes due and payable within 7 days.)
- For your convenience, we have made arrangements to accept payment by Visa, MasterCard, and Debt Cards.
- Care Credit- Care Credit is accepted and applications are available in our office or online.

Appointment/Cancellations:

We gladly reserve appointment times for you and as a courtesy, will attempt to remind you of your appointment by calling 2 days prior to confirm your scheduled date and time. If we cannot speak to you directly, we will leave a message for you. However, in the event your mailbox is full or your line is busy, our efforts to contact you may be unsuccessful. An appointment is a contract of time reserved for your treatment. We respect our patient's valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and /or reschedule you appointment. We reserve the right to charge a fee of \$40.00 for appointments cancelled or broken without 24 hour notice.

Patient/Parent/Guardian Responsibility:

I understand that whoever accompanies my child to their dental appointment has authorization to consent to dental care as needed, and is responsible for payment of dental services.

I acknowledge my responsibility for payment of all dental services provided by Dr. Chitra P. Naik, D.M.D. in accordance with their fees and terms.

In the case where a parenting plan exists, the parent that brings the child in for the appointment is considered the guarantor and is responsible for payment. They may then seek reimbursement from the other parent.

Assignment and Release:

I authorize payment to be made directly to the dentist by my insurance company, and I accept financial responsibility for all services not covered by my insurance. I authorize release of any dental care information requested by my insurance company.

My signature below acknowledges that I have read and understand this information.

Patients/Parent/Guardian Signature: _____

Name Printed: _____

Relationship to Patient: _____ Date: _____