

FINANCIAL POLICY

Thank you for choosing us as your dental care provider. Please understand that payment of your bill is considered as part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

Regarding Payment

We accept the following forms of payment: Cash, Check, Visa and MasterCard. Payment plans are available for those who need them. Please notify us if this is an option you need to consider.

50% payment for services is due at the time services are scheduled unless prior arrangements have been made with the doctor and the billing receptionist. The remaining balance is due the day of treatment.

The parent that accompanies the minor child/children to the appointment is responsible for any payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized or previous arrangements have been made with the doctor and billing receptionist.

Returned checks are subject to a \$30.00 returned check fee and checks will then no longer be accepted.

A \$25 nonrefundable fee may be assessed for appointments cancelled or rescheduled without 24 hour notice.

Any unpaid balances older than 90 days may be subject to collection fee and referral to collection agency.

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We cannot become involved in disputes between you and your insurer regarding deductibles, covered fees, copayments, secondary insurance, and usual and customary charges. It is your responsibility to notify the office of any insurance change prior to your appointment.

We do our best to estimate what your insurance will cover on the recommended procedures. Your insurance company is billed promptly following procedures. Most companies respond within 4-6 weeks. In the event we do accept assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance may be transferred to your account.

You will receive statements from our office reflecting your account status if your insurance does not pay or if your estimated portion is greater than originally anticipated. Payment is expected within 10 days of statement receipt.

Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary for our area. You are responsible for payment regardless of any insurance companies' arbitrary determination of usual and customary rates.

Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance company can be billed.

All insurance co-pays and deductibles must be paid at the time of service.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

This is an agreement between Kathleen Torres DDS, as creditor, and the Patient/Debtor named on this form. By executing this agreement, you consent to treatment by Kathleen Torres, DDS and her staff and agree to pay for all services that are received. Once you have signed this agreement, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.