



238 East State Rd #2
Pleasant Grove, UT 84062



485 South Main Street #302
Springville, UT 84663

Financial Policy - Insurance

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide you with a variety of different payment options to help you receive the dental care you need and deserve and also that allows you to enjoy a healthy, beautiful smile with respect to your budget. Dental treatment is an excellent investment in an individual's medical and psychological care. We are always available to answer your questions or assist you in any way we can.

To maintain the practice operations and prevent potential misunderstanding, we ask patients to accept and adhere to the following financial agreements regarding their dental treatment.

Insurance Billing:

Our office will submit claims to insurance companies for payment on dental treatment, however the patient agrees to the following terms:

1. It is the patient's responsibility to verify coverage. Our dental office is not responsible for knowing what services are covered by the patient's insurance plan and is not responsible for informing the patient whether a particular service is covered. We will assist the patient in obtaining payment from his/her insurance company by submitting the necessary insurance claims. Our office cannot guarantee payment for treatment from any insurance company, regardless of any pre-authorizations.
2. The full balance, including the estimated insurance portion, is the responsibility of the patient, and it is the office's discretion to collect up to the full amount at the time of service, or an estimated patient portion pending insurance payment. Our office does our best to estimate patient responsibility before treatment is performed, but the insurance payment may vary and the patient is responsible for any amount that the insurance company does not cover. Prices, fees, or benefits quoted in our office are estimates only. Final charges or benefits paid by the insurance company will be based on work performed and claims filed after work has been completed.
4. If an insurance company does not pay benefits within 60 days from our filing date the guarantor will become responsible for the full outstanding balance. If an insurance company pays benefits after that time the patient will be eligible for a refund of the balance of any personal payments made.
5. If an insurance company does not cover a procedure due to waiting periods, lack of coverage, frequency limitations, insurance maxing out, or any other reason, the office may charge their full usual and customary fees for those procedures.
6. It is the patient's responsibility to inform our office of any changes in insurance coverage. Our office is not notified of any insurance changes by the patient's insurance company or employer.

Sign: _____

Date: _____



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Financial Policy - Additional Terms

Optional Payment Terms:

1. Full Pay DOS Cash discount for Non Insured Patients: We offer a 5% accounting courtesy for all treatment for which your co-pay is paid in full (cash) at the time of service.
2. Major Service- Split payment options: We offer a split-payment option for Crown, Bridge, and Denture treatment. We ask that you pay one half of your co-payment at the initial visit and the second payment at the seat date appointment.
3. Term Loan: By arrangement with Care Credit, we offer our patients, upon approval, an interest-free term loan (up to 12 months) with no down payments, no annual fee, and no prepayment penalty. Please ask for an application or log on to www.carecredit.com

Payments are expected at the time services are rendered: We accept cash, checks (under \$500), debit cards and all major credit cards. Patients will be responsible for a \$40 fee in addition to the previous balance if a payment is returned or a check bounces.

Collection Fee: Should collection become necessary, I hereby expressly agree to pay all costs of collection including an additional 40% whether or not the account is turned to an outside collection agency. I further agree to pay all court costs and attorney's fees should legal action become necessary.

Finance Charge: Interest will start accruing on unpaid balances at 90 days at a rate of 1.5% per month (18% annual) with a minimum charge of \$2.00.

Broken Appointment Fees: A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hour notice to avoid a \$75 cancellation fee. Our office may waive that fee for emergencies at our discretion.

Sign: _____

Date: _____