

ROCKSIDE FAMILY DENTAL CARE
Financial Agreement

Payment for Services

We accept most major credit cards, debit cards, personal checks, and cash. Patients with dental insurance will be expected to pay all estimated co-pays and deductibles **in full** on the day services are rendered. Patients without insurance will be expected to pay for treatment performed **in full** at the time of treatment. If your treatment total is \$300-\$900, we have in house payment arrangements extending up to three months. We also offer outside financing for extended payments on balances larger than \$900. Our Financial Administrator can give you details on how to apply.

Insurance & Insurance Collection:

Although we are contracted with a limited number of insurance companies, as a courtesy to our patients we submit claims to all dental insurance companies. In order to assist us in obtaining payment for you, we need to know as soon as ANY information changes. Any claim not paid within 60 days will be closed and will be due in full by you at that time.

Secondary Insurers:

Having more than one insurer DOES NOT mean that your services will be paid in full. We will bill your secondary carrier as a courtesy. You are responsible for any balance as soon as your secondary claim is processed.

Usual & Customary Rates (UCR):

We are committed to providing the best treatment for our patients. You are responsible for payment of your bill, regardless of your insurance company's arbitrary determination of their UCR.

Regardless of what your insurance company pays, the balance is ultimately YOUR responsibility. Once your claim is paid or rejected, we will send you a statement, which will be due in full at that time.

Divorce Decrees:

This office is NOT a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult.

Minor Patients:

The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment.

Interest & Rebilling Fees:

We are not a billing company. We reserve the right to charge interest in the amount provided by state law. Or, at our option, we may charge a rebilling fee of \$15 per statement.

Thank you for reviewing our Financial Policy. Please let us know if you have any questions or concerns.

I have read the Financial Policy. I understand and agree to abide by this Financial Policy.

First and Last Name (printed)

Signature of Patient or Responsible Party

Date