

# FINANCIAL POLICY

Welcome to San Francisco Dental Spa and thank you for selecting us as your dental care team. We have the following financial policies in place:

1. If you have a Dental Insurance plan, we will accept assignment of your insurance benefits. However, your deductible, co-payment (estimated share), and any charges not covered by your insurance are due and payable at the office at the time the services are rendered.
2. We shall make every effort to inform you of your payment prior to your dental treatment. In some instances, additional charges may arise on the appointment date from additional unexpected treatment performed. We will estimate your deductible and the portion not covered by your insurance. Our estimates may differ somewhat from your insurance company's calculations; therefore, the amount due will be adjusted accordingly by our office. You will be responsible for any balance remaining after the Insurance Company has paid the claim.
3. While we do our best to work within your insurance limits and/or inform you of services not covered by your insurance plan, our main goal is to recommend the absolute best treatment available based upon your individual dental needs. We do not base treatment recommendations on what your insurance company will cover.
4. While the filing of Insurance claims is a courtesy we extend to our patients, we must emphasize that as dental care providers, our relationship is with the patient, not the Insurance Company. If the payment is not received from your insurance company within 60 days, payment becomes your responsibility.
5. Although we will do our very best to verify patient insurance eligibility, the ultimate responsibility for verifying and maintaining insurance eligibility with our dental office lies entirely with you, the patient. Any procedure performed when the patient does not have dental insurance eligibility will be the patient's financial responsibility and will be billed to the patient at the full Usual and Customary Rate. We do not accept retroactive eligibility. This policy applies to ALL patients in, but not limited to, the following situations: New patients, Emergency patients, patients eligible one month but not the next because of change of job or personal status or any other reason, patients who forget they are no longer eligible, patients who plead ignorance.
6. All appointments require 1/3 - 1/2 (depending on the procedure) of the copayment (estimated patient payment) in order to reserve the time in our schedule..
7. Due to increased number of returned checks, San Francisco Dental Spa no longer accepts personal checks.
8. The fee of \$ 50 is charged for appointments cancelled or broken without 2 business days advanced notice.

I, \_\_\_\_\_ understand the above policy and agree to abide by it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_