

INSURANCE, FINANCIAL and CANCELLATION POLICIES

Our goal in discussing financial arrangements relative to your dental needs includes:

- informing you of treatment alternatives
 - their respective advantages & disadvantages
 - the consequences and/or risks of limited delayed treatment and/or non treatment
- 1) Professional services are rendered to the patient and not the insurance company. Thus, the insurance company is responsible to the patients and the patient is responsible to the Doctor. We cannot render service on the assumption that the charges will be paid for by the insurance company.
 - 2) Unfortunately, insurance benefits will almost always be less than anticipated. Please understand that the amount of benefits derived under your particular policy is a predetermined arrangement between your employer or plan sponsor and the insurance company. We are unable to increase benefits beyond that which your insurance agreement allows. However, this should not have control over what is in your best interest as far as treatment is concerned.
 - 3) For your convenience, we will estimate the portion of your fee that your insurance company will not cover. **THIS IS JUST AN ESTIMATE.** After your insurance benefits have been paid, you are responsible for any unpaid balance. We will ask that you bring with you at the time of treatment the estimated uncovered portion of the total fee.
 - 4) It is not possible to know exactly what your insurance coverage will be prior to treatment as treatment sometimes changes. We can predetermine your benefits with your insurance company however, this can delay treatment 3-6 weeks while waiting for your insurance company to respond which may not be in the best interest of your oral health. Also, please understand that this is also not a guarantee of benefits or coverage. Issued dental insurance policies or dental plans control all benefit determinations, including all limitations, exclusions, and restrictions.
 - 5) A finance charge of 1% - 1.5% will be added to your bill if payment has not been received within 60 days. This does allow time for ensuring that your insurance benefits have been paid to your satisfaction.
 - 6) Should collection proceeding become necessary, the responsible party agrees to pay an additional \$25.00 plus a 40% collection fee and all legal fees of collection with or without suit including attorney & court costs.
 - 7) Our policy and most dental plans require a percentage fee (a co-payment) to be paid at time of your treatment. Full payment is required at the time of service if you do not have dental insurance.
 - 8) **CANCELLATIONS / NO SHOWS FOR RESERVED APPOINTMENTS**
While we do understand that life does happen, our office does **require a full 24 hours notice** to change or cancel a reserved appointment time so please, know that we do reserve the right to charge for broken appointments and appointments cancelled with out a full 24 hours notice. Please contact our office at 216-221-1438 ASAP if you need to change or cancel your reserved time.
 - 9) **RETURNED CHECKS**
All returned checks will be charged an additional bank charge of \$30.00. There will be no more check writing privileges. Future payments must be made by cash, money order, Care Credit, Visa, MC, Discover or Amex.

PAYMENT OPTIONS:

- CASH
- CHECK - **AS AN ESTABLISHED PATIENT**
- VISA, MASTERCARD, DISCOVER & AMERICAN EXPRESS
- CARECREDIT

I authorize my insurance company to make payment directly to the Doctor for services rendered and agree to pay any uncovered balance(s). I authorize release of information for insurance purposes.

Signature of Patient (or guardian)

Date