



FINANCIAL INFORMATION REGARDING DENTAL CARE

We are committed to providing you with the best dental care possible. In order to do so, we ask that **all payments and insurance co-payments be paid at the time of service**. We accept cash, checks, Visa, MasterCard, Discover and American Express. Financing is available through Care Credit (upon approval). We understand that sometimes your schedule can change; we kindly request a 48 hours notice if you need to change or cancel an appointment. **If you fail to attend your appointment and have not given a 48-hour notice, a fee of \$50 will be charged to your account at the discretion of the management.**

If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy.

We will gladly discuss your proposed treatment and answer any questions. We are able to check your insurance benefits online and provide you with an estimate of benefits. Please understand that:

* Your insurance is a contract between you and your insurance company. We are not a party to that contract. *IT IS YOUR RESPONSIBILITY TO UNDERSTAND YOUR PLAN BENEFITS.*

*Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. UCR is defined as usual customary and reasonable fees for our area. We are preferred providers for **Regence, Delta Dental, Premera, Cigna, Aetna, Metlife, Principal Financial, GEHA, United Healthcare, and Watchtower.**

* Not all services are a covered benefit in all contracts. Some insurance companies will arbitrarily select services they will not cover. This does not determine needed dental care.

We must emphasize that as dental care providers, our relationship is with you, NOT your insurance company. While the filing of insurance class is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please ask us. We are here to help you.

I HAVE READ AND UNDERSTAND THE FINANCIAL POLICY AND WHAT MY RESPONSIBILITIES ARE.

Patient Signature: _____ Date: _____