



DAURITY  
FAMILY DENTISTRY

## Financial Policy

Thank you for choosing Daurity Family Dentistry for your dental care. We are committed to the success of your treatment and helping you find an affordable way to receive the care you desire.

We accept cash, Visa, MasterCard, Discover, American Express and personal checks. We also accept Care Credit™, a provider of affordable financing options for medical and dental treatment. Please ask a staff member for more information if you are interested in this option.

The following is a statement of our financial policy, which we request that you read, initial each section and sign to acknowledge your understanding of the policies.

### Understanding Your Insurance

You may mark this section N/A if you are not filing any insurance with our office

- We are In-Network participating providers for BCBS NC, MetLife, Delta Dental, Aetna, Cigna, Assurant (dental health alliance), Humana, Dentemax and several others. If you have any questions whether or not our office participates with your particular plan, please ask one of our staff members. If your plan is one that we participate with we will accept assignment of benefits and bill your insurance according to your plan.
- **All deductibles, copayments and non-covered charges are due at the time services are rendered.** We will do our best to estimate your portion due, but please remember this is just an estimate, it is not a guarantee that your insurance will pay exactly as estimated.
- As a courtesy, we will process and file all of your dental insurance claims. Insurance coverage is subject to limitations, exclusions, waiting periods, frequency, age restrictions, deductibles and maximums. **It is the responsibility of the policyholder to understand the benefits pertaining to your policy.** Please contact your insurance company for the details of your benefits if you have any questions on coverage. Your insurance company and your plan benefits ultimately determine the amount paid. Your estimated insurance benefit may differ due to a number of reasons, specifically related to your plan. **We will do all we can to ensure the estimate we provide you is as accurate as possible.** Please make sure to keep us up-to-date with any insurance changes so we can provide you with the most accurate estimate.
- All charges you incur are your responsibility, regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between

you and your insurance company. Our office is not a party to that contract. We are committed to providing you with the best treatment while only charging what is usual and customary for our area. You are responsible for payment of your account, regardless of any insurance company's arbitrary determination of usual and customary fees. However, we will do all that we can to help you get the most benefits as possible reimbursed for you.

- Insurance payments are ordinarily received within 30-60 days from the time of filing a claim. If your insurance company has not made payment within 60 days, we will ask that you help facilitate payment by contacting your insurance company to make sure payment is expected. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time.
- We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. Our office will not, however, enter into a dispute with your insurance company over any contractual issues arising with the policyholder.
- We will help patients file secondary insurance claims, however we will estimate your portion due based off the primary policy. In the event of payment by the secondary insurance policy we will reimburse you for any credit on your account.

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## Missed Appointments

We do not double book appointments. When we schedule an appointment, this time is reserved just for you. If you must change your appointment, please give us at least 48 hours notice. There is a fee of \$25 for a missed or broken (canceled without proper notice) appointment. In some cases, we reserve the right to charge the full value of the missed appointment. Please help us serve you better by keeping your scheduled appointments. Patients with excessive missed or broken appointments are subject to dismissal.

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## General Account Information

Past due account balances over 60 days are subject to a monthly finance charge. In the event that your account has to be placed with a collection agency, the cost involved including any collection fees, will be at the expense of the responsible party. There is a returned check fee of \$35.00 for any check that is returned to us with insufficient funds.

INITIAL \_\_\_\_\_

**Thank you for reading and understanding our Financial Policy. Please let us know if you have any questions or concerns regarding this policy. A copy of this policy can be provided to you upon request.**

Signature:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_