

# Foothills Family Dental

## Office Financial Policy

Welcome to our practice. We are happy to have you as our patient and look forward to offering you and your family the finest dental care available. We know that providing complete, comprehensive dental services includes discussing all treatment and financial information. Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, anticipate fees and allow you time to make necessary financial arrangements.

Emergency patients, new to our practice, should expect to make full payment at time of service. If our office is unable to verify your coverage before your appointment, you will be expected to pay for any services rendered that day. Any deductible or estimated co-payment amount will be due at time of treatment if insurance is verified. Insurance benefits are determined by your employer, not your dentist. Your insurance policy is a contract between you and your insurance company. Your coverage and benefits are your responsibility to know and understand. Insurance is not a guarantee of payment. It usually does not cover all the costs and is often based on what the insurance company decides are the fees they will pay. As a courtesy, we file your claim for you as well as any pre-treatment estimates.

If payment for services already rendered has not been paid in full within 60 days, either by you or your insurance company, the remaining balance for your treatment is considered due and must be paid in full by you within 30 days.

Separated or divorced parents of minors, who are responsible for one half of the cost of their child's dental care must pay the child's full amount due at time of treatment. We will be happy to contact the other parent before the child is treated to obtain their payment portion. Otherwise the accompanying parent is expected to pay the full portion due. Minors who are old enough to drive and come in for appointments without their parents must bring payment with them at time of service.

For dental work such as crowns and bridges, partials, dentures, we require that you pay half of your portion/balance on the day of treatment, and the remaining balance to be paid before the crown/bridge is seated or partials/dentures delivered. If, for any reason your appointment for treatment is cancelled in less than forty-eight hours, a deposit of \$250.00 will be required to re-schedule. If you miss the rescheduled appointment, then the deposit will be forfeited, and another deposit will be required to reschedule again. For filling appointments, we will require a smaller deposit.

I have read, agree to, and understand this financial policy.

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Printed Name

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Signature

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Date