Financial Policy

This Financial Agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances. If you have any questions or concerns about our Financial Agreement please do not hesitate to ask our business office staff.

PAYMENT

- All charges incurred for any treatment provided are your responsibility, regardless of your insurance coverage.
- Payment is due at the time of service. We accept cash, personal checks, debit cards, and most major credit cards.
- We can offer financing with Care Credit. Restrictions apply and you must qualify for this option. Please ask our Office Manager for more details.
- A $25 charge applies to any returned checks.
- Any unpaid balance over 30 days old will be subject to monthly interest of 1.5% (APR 18%). If payment is delinquent, the patient/guardian is responsible for payment of collection, attorney's fees, and any and all court costs associated with the recovery of monies due on the account.

DENTAL INSURANCE

- Treatment recommendations are based upon your dental needs, not based on insurance coverage, which can be inadequate with some dental plans. Dental insurance is a benefit used to assist you, not to dictate necessary treatment.
- Not all the services we provide are covered benefits. Benefits differ from one company to another. Fees for non-covered services, along with deductibles and copayments, are due at the time of treatment.
- Your dental benefits are an agreement between you, your employer (if applicable) and your insurance company. We will submit and process claims as a courtesy to you, but please understand that this does not eliminate your financial obligation.
- You are responsible to provide us with all the information necessary to verify your coverage and file your claim.
- Insurance payments are received within 30-60 days from the time of billing. If your insurance company has not made payment to our practice within 60 days, we will ask you to pay the entire balance at that time.
- We do not guarantee your dental benefits. If your claim is denied, you will be responsible for paying the full amount.
- We will not wait for payment from secondary insurances. We will file a claim on your behalf, with instructions for payment to go to you.

APPOINTMENTS

- Due to extensive amount of time our doctor and staff devote to preparing and reserving time for appointments that are 2 hours or more, we require a non-refundable deposit of $250.00. This amount will be applied toward your treatment fee and the balance is due day of appointment.

- Once an appointment has been made, that time is reserved specifically for you. We kindly request 2 business day notice should you need to change your appointment. A fee of $50.00 per hour will be applied to your account for all cancelled or missed appointments with less than the required notice and will need to be paid prior to rescheduling.

I assign directly to New Season Dental all insurance benefits, if any, for all services rendered. I authorize and release information and payment of my dental benefits directly to the practice. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above named dental practice may use my healthcare information and may disclose such information to my insurance company(ies) and their agents for the purpose of obtaining payment for services and determining benefits payable.

I have read and fully understand my financial options and obligations. By signing this form, I authorize New Season Dental to process credit card transactions initiated by me either by phone or mail and I authorize my credit institution to pay.

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Patient/Guardian Signature: Date: