

DENTAL INSURANCE POLICY

Our office will go above and beyond to help you maximize your dental benefits. **AS A COURTESY**, we will file your claim electronically to save you time. Regardless of what we calculate your insurance company to pay, it is only an **ESTIMATE**. The information we obtain from your insurance company is limited and may have exclusions or unknown clauses. Understand that these things are out of our hands. We cannot guarantee what your Insurance will pay therefore we encourage you to contact your dental insurance with the codes provided on your treatment plan.

UNPAID BALANCES

Our estimated out of pocket payments are **DUE** at the time of service. You are responsible for all **"UNCOVERED"** services which are due after 30 days, whether you're insurance has paid us or not. We will send a refund to you once your insurance has paid us if one is due to you. Past due accounts will incur a monthly service charge of \$35.

All financial obligations for treatment are between you and our office **NOT** between our office and your insurance company.

NO SHOW OR MISSED APPOINTMENTS

We ask that you give us a 24 hour notice if you are unable to keep your reserved appointment time. **FAILURE** to do so will incur a broken appointment fee:

\$50 for **HYGIENE**

\$100 for **DENTAL PROCEDURES**

I understand and agree to the above policy including **ANY UNPAID BALANCE** by my insurance as being my responsibility.

Signature of Patient: _____ Date: _____