

## PATIENT FINANCIAL POLICY AND SIGNATURE ON FILE

In order to establish optimal relations without patients and avoid misunderstanding and confusion regarding our payment policies, our staff is trained to consistently inform you of the financial policies of this office. Payment is required for all services at the time they are rendered unless you are in a prepaid plan in which we participate. For those patients, applicable co-payments and deductibles will be collected. We accept payment in the form of cash, check, or credit card. However, before claims are filed, coverage will be pre-verified and you will be asked to pay any unmet deductible, non-covered services and co-payments. In the event, that your account is past due 60 days it will be turned over to our collection agency unless a prior payment has been made and documented with our office. Your signature below signifies your understanding and willingness to comply with this policy.

Patient or responsible party signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT POLICY

**We are considered out of network with all Insurance companies except Delta Dental.**

**DELTA DENTAL PPO/PREMIER:** You will be responsible for paying your annual deductible if not met and co-payments at time of service.

**OTHER INSURANCE PLANS:** Patients who are covered by insurance plans in which our office are not providers with will be required for paying your annual deductible if not met and co-payments at time of service. Patients will also be responsible for payment of any non-paid amount from their insurances fee schedule and our offices fee schedule.

**CASH PATIENTS:** Patients who are not covered by any insurance plan will be required to pay 100% of the total bill at time of service. Cash paying patients will receive a 5% pre-payment discount on total bill if the payment is made before services are rendered.

Patient or responsible party signature: \_\_\_\_\_ Date: \_\_\_\_\_