



Financial Policy

We are dedicated to providing the highest quality dental care and service possible. Please understand that our financial policies are an important part of your care and treatment. To deliver the best possible care at the lowest cost, we find it necessary to implement the following policies. If you have any questions, please do not hesitate to discuss them with our staff.

Payment is due at the time service is rendered. For your convenience we accept cash, check, money order, Visa, MasterCard, Discover and American Express. We also partner with outside healthcare financing companies, some of which may offer 0% financing.

No patient will be seen who has an outstanding balance for which payment arrangements have not been made.

Please understand that your insurance is a contract between you and your insurance carrier and that you are ultimately responsible for your bill. We will gladly help you to receive your maximum allowable benefits and, as a courtesy, we will file a claim for services rendered. Please be aware that few insurance carriers cover all dental healthcare costs. Some pay fixed allowances for each procedure, while others pay only a percentage of the costs.

Most insurance carriers pay within 30 days. As a courtesy to you, we allow 60 days for insurance payments to be processed and received from your carrier. **If your insurance carrier fails to pay its portion of your charges within 60 days or if there is a remaining balance after the insurance payment then that amount becomes your responsibility.**

All co-pays, cost shares or deductibles are due at the time of service. **THE ENTIRE BALANCE ON YOUR ACCOUNT IS YOUR RESPONSIBILITY WHETHER YOUR INSURANCE CARRIER PAYS OR NOT.**

In the event that you have insurance coverage from more than one carrier, we will file a claim with the primary carrier after services are rendered. Once the primary claim is paid, as a courtesy, we will submit a claim on your behalf to your secondary carrier. You are responsible for any portion of fees not paid by carriers. Any tertiary claims will be entirely your responsibility.

All returned checks will be initially handled by the Federal Automated Recovery System ("FARS"). FARS is an automated process performed by our bank. When you provide a check as payment, you authorize us to use information from that check to make a onetime electronic fund transfer from your account, or to process the payment as a check. Additionally, you authorize us to collect a \$32 state-mandated fee and a \$5 bank fee through electronic fund transfer from your account if your check is returned for insufficient funds. Returned checks outstanding for more than 30 days and account balances older than 30 days may be subject to additional collections fees and interest charges of 1.33% per month. Returned checks may be referred to the District Attorney for collection in some cases.

If your account is not paid within 90 days, your account may be turned over to our collection agency, and a charge of 35% of the outstanding balance will be assessed to your account to cover the cost of the collection fees.

We reserve the right to charge you for excessive appointment cancellations and "no show" appointments.

We know that you have a choice among dental healthcare providers and we appreciate the opportunity to serve you. Please let us know if we can do anything to make your experience in our office more enjoyable.

I have read and understand the financial policy of the Howard Family Dental and agree to be bound by its terms and conditions.

Patient or Responsible Party Signature

Date