

SOUTH COUNTY DENTAL GROUP

FINANCIAL POLICY

Thank you for choosing us to provide your dental care. We are committed to doing all that we can to ensure your successful treatment. Please understand that payment of your bill is considered a part of your treatment. We offer the following payment options:

Payment for estimated out-of-pocket amounts made in up to two payments. We accept Cash, Check, Visa, MasterCard, Discover or American Express. A \$35 fee will be charged on any returned checks. Interest free and extended payment options through our partnerships with Care Credit and Lending Club. A 5% courtesy for payment prior to scheduling treatment totaling \$1000 or more in out-of-pocket estimates. Payment must be made by cash or check to receive this courtesy. For patients without dental insurance, we offer an in-office membership plan. Please ask a staff member for details.

Regarding Insurance

If the patient is covered through dental insurance, signature on this form provides consent for release of information to your insurance carrier. It also provides consent for assignment of benefits, when applicable, from your insurance carrier directly to our office.

Please remember that dental insurance is designed to pay for some, but not all of the costs of dental treatment. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment of the full fee regardless of any insurance company's arbitrary determination of usual and customary rates.

If you have dental insurance, we will file your claim as a courtesy. At the time of service, we require you to pay for the portion of treatment that insurance is not expected to cover. If your insurance company's policy is to pay you directly, we require you to make full payment at the time of treatment.

Your insurance policy is a contract between you and your insurance company. Unfortunately it is not possible for our office to be knowledgeable on the hundreds of dental plans available. Knowledge of your dental benefits resides with you. We will assist you as much as possible; however, you are expected to promptly respond to and actively resolve any insurance matters.

Outstanding Balances

Any balance owed after 60 days becomes the patient's full responsibility, even if insurance is pending.

Accounts with outstanding balances will be charged a service charge of 1.5% monthly (18% annually) and will be charged for any resulting collection costs.

Treatment of Minors

The parent or guardian who accompanies the child to the appointment is financially responsible for payment, regardless of custody matters. Additionally, if minors come for treatment by themselves, they are required to have payment for their treatment.

Missed Appointments or Cancellations Without Proper Notice

A fee of \$25 will be charged to patients who miss or cancel appointments without 24 hour notice to the office.

Signature Date