

## FINANCIAL ARRANGEMENTS, DENTAL BENEFIT PLANS AND OUR APPOINTMENT POLICY

We are committed to providing you with the best possible care. If you have a dental benefit plan, we will be happy to help you maximize your allowable benefits through your plan. In order to achieve these goals, we need your assistance, and your understanding of our financial policy.

**Payment is due at the time services are rendered.** Special financing is available through Care Credit and Wells Fargo Financial; if you are interested, please ask the receptionist for more information. We accept payment in the form of: Cash, Checks, and Credit Cards (MasterCard, Visa, American Express and Discover). If you have a private dental benefit plan, we will be happy to estimate what your plan may pay so you may apply your estimated co-payment at the time services are rendered to your account. We will be happy to file your claims and accept assignment of benefits as long as you grant us assignment of benefits. Otherwise, you are welcome to file your own claim and take care of the full fee for services rendered the day of the visit.

### **Checks:**

By paying by check, please be aware that you are authorizing us to use information on your check to make a one-time electronic debit for each check presented from your account at the financial institution indicated on your check. This electronic debit will be for the amount of your check; no additional amount will be added to the amount of your check. If your check is returned, you are liable for three times the amount of the check and legal fees or \$500; whichever is more, (CA Civil Code, Chapter 522, Section 1719). Accounts older than 30 days may be subject to additional collection fees and finance charges of 1½% per month. Any accounts past due by 60 days are automatically transferred to our Collection Agency.

We will gladly discuss your proposed treatment and answer any questions relating to your benefit plan.

You must realize, however, that:

1. Your benefit plan is a contract between you, your employer and the plan carrier. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50% or 80%) of UCR". UCR is defined as Usual, Customary and Reasonable by most companies; however, this standard may not be those fees applicable to our area.
3. Not all services are covered benefits in all contracts. Some plan carriers arbitrarily select certain services they will not cover regardless of necessity.

### **Regarding our patients who are minors:**

The guardian accompanying a minor is responsible for payment. For unaccompanied minors and minors accompanied by anyone other than the guardian, **non-emergency treatment will be denied** unless prior authorization and payment arrangements have been made by the guardian prior to the appointment or if payment by cash or check accompanies the minor.

We must emphasize that as dental care providers, our relationship is with you, not your dental benefit plan. While the filing of your claims is a courtesy that we extend to all our patients, all charges are your responsibility from the date the services are rendered. We realize that a service may unforeseeably be denied, and that temporary financial problems may affect timely payment of your account. If such problems do arise, we expect you to contact us promptly for assistance in the management of your account.

### **Appointment Policy:**

In order to see patients at the earliest available appointments, we ask that changes in appointment reservations be made a minimum of 2 business days prior to the appointment reservation. Non-compliance of this policy will result in there being a fee charge to you of \$100. Although we work hard to accommodate our patients' schedules, we will have no choice but to dismiss patients who repeatedly fail or cancel appointments.

I have read and understand the above.

X

\_\_\_\_\_  
SIGNATURE OF RESPONSIBLE PARTY

\_\_\_\_\_  
DATE