



8962 Cleary Blvd., Plantation, FL 33324, (954) 915-8080 (O), (954) 915-0171 (F)

## **Patient Financial and Payment Policy**

**Insurance:** Our doctors are credentialed and participating with **MOST** dental insurance plans. If you do not have dental insurance coverage, the standard office fees will apply and full payment is expected at each appointment.

**Copayment and deductible:** All copayments and deductibles must be paid in full at the time service is rendered. Copayments and deductibles are part of your contract with your insurance company and in order to uphold the law we must collect all copayments and deductibles when due.

**Non-covered Services:** Please understand that even with dental insurance, the majority of dental procedures are **NOT** covered at 100%. Payment of the non-covered or partially covered procedures is your responsibility and is to be paid at the time treatment is rendered. Prior authorizations may be required to determine the exact out of pocket cost.

**Proof of Insurance:** All patients are required to complete our new patient forms and must submit their most recent insurance cards and driver's license for us to confirm your insurance.

**Coverage Changes:** It is your responsibility to inform the front office prior to your appointment date if there is a change in insurance. Having your accurate updated information allows the front office staff to check your benefits prior to the appointment and avoids unnecessary wait time.

**Claims Submission:** Our office will submit claims and will provide the information needed to get claims paid. The balance of any denied claim or unpaid claim is your responsibility and will show as an 'amount due' until the balance is paid off.

**Nonpayment:** Our office reserves the right to send any nonpayment to an outside billing service or collections agency 90 days after notification of the amount due. Please be advised that patients with poor payment histories may be terminated from our office and no longer be able to visit our office.

**Payment options:** We currently accept the following forms of payment. Please select payment methods you intend to use at our office:

- Cash/Check
- Credit Card
- Care Credit

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_