



North Attleboro Dental

Office Financial Policy

This agreement is to inform you of your financial obligation to our practice. This financial agreement is intended to facilitate our ability to provide excellent service to you while minimizing our administrative costs.

The Following is a summary of our financial and collection policy:

* All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is an agreement between you, your employer, and the insurance company. Our practice is not a party to that agreement. **If payment from your insurance company is not received within 60 days from date of service, you will be expected to pay the balance in full.**

*As a courtesy to you we will help you process all your insurance claims. You may direct your insurance company to pay your benefits directly to our practice by signing the authorization on the Assignment of Benefits Agreement. In order for our practice to file your insurance claim, you must bring a completed dental insurance form or proof of insurance at each appointment.

*Your **estimated** patient responsibility for treatment, which is the amount not covered by your insurance, is due at the time treatment is provided. Your **estimated** patient responsibility may be adjusted after the time of treatment depending upon the final reconciliation of insurance payments.

*Our practice accepts cash, personal checks, MasterCard, Visa, American Express, and Discover. Third party, extended payment financing is available upon request and approval.

*Returned checks will be subject to a \$39 (thirty-nine dollars) charge and balances older than 30 days will be subject to finance charges at the rate of 1.5% per month (18% annually). Any outstanding balances not paid will be subject to a collection agency fee of 35% (thirty-five percent) of outstanding balance.

*If your family is involved in a divorce situation **the parent that brings their child(ren) to our office for care is the parent that is responsible to us for the full amount of services rendered to the child(ren).** We will not get involved with your personal or court ordered arrangement.

* If your child(ren) is over the age of 18 and is on the subscriber insurance plan as a dependent. **The subscriber will be responsible for the full amount of services rendered for that dependent.** We will not get involved in personal family affairs.

*Additionally, our practice will charge you for appointments that you do not keep and for appointments that you do not cancel with 48-hours notice at a rate of \$50 per half-hour. If there are three (3) missed appointments we may choose to dismiss you from our practice.

We are committed to providing you with the ultimate experience in dental care.

Patient/ Guardian Signature

Date