

Financial Policy

Ash Family Dental

METHOD OF PAYMENT AND DISCOUNTS

- We offer five (5) percent discounts on payments made the day services are rendered. Services must be paid in full to receive this discount.
- We accept Visa, Discover, and MasterCard for your convenience.
- **If you would like us to use your credit card for a faster check out please list number below**

Account number: _____ Exp: _____ Type: _____

NEW PATIENTS

- For new patients without insurance coverage, we expect payment in full at the time of the first visit.
- For new patients with insurance, we require the estimated co-payments of the total charge to be paid at the time services are rendered.

BILLING FOR ALL NON-INSURANCE ACCOUNTS

- If you do not have insurance, we require payment in full the day of service unless prior arrangements have been made.
- In order to devote more of our time to you, we employ *First Pacific Corporation* as our billing service. They prepare your monthly statement, receive and record your payment. Not to be confused with a collection agency, *First Pacific Corporation* is an organization of people willing to assist you with any questions you may have concerning your account with us.
- A **late charge** may be assessed if your minimum payment is not received by the due date.
- A **finance charge** is imposed on those charges not paid in full within **60 - 90 days** of the date you were first billed.

BILLING FOR INSURANCE ACCOUNTS

- We will estimate your insurance co-payment at the time of your appointment or before and require payments of that amount at the time services are rendered.
- Filing insurance claims is a courtesy that we extend to our patients. All charges are your responsibility from the date services are rendered. If after 60 days from filing your claim we have not received payment from your insurance carrier, we will ask you to pay the remaining balance and ask you to discuss your claim with the insurance company.
- Our practice is committed to providing the best treatment possible for our patients. You are responsible for paying the balance in full, regardless of your insurance company's determination of *usual and customary* rates. Keep in mind that the rates paid by your insurance carrier are determined by the insurance carrier and your employer and, in some situations, have no bearing on the actual *usual and customary* rates charged in the local areas.

APPOINTMENT FAILURES AND CANCELLATIONS

- A fee will be charged for all appointment failures and appointment cancellations less than 24 hours in advance.

We appreciate having you as a part of our dental family and we promise to provide the highest quality of care to you and your family. In return, we require your cooperation with these financial guidelines and appointment requirements.

I have read, understand and agree to the above policy. I understand that I am fully responsible for the fees for services rendered, regardless of any insurance I may have.

Signature of Account Holder

Date

Print Name