



We appreciate your selection of our office to serve your dental health needs. Our goal is to provide the very highest quality dental care for you and your family. The following information will acquaint you with our office financial policies.

Insurance Benefits: As a courtesy to our patients we are happy to complete and submit your insurance claims on your behalf. We believe that your insurance should not dictate recommended treatment. However every effort will be made to collect the maximum benefits allowed by your insurance company. Please understand that your insurance is a contract between you and your insurance company. We ask that you read your policy carefully. Some or all of the services we provide may not be a covered benefit. We will do our best to give you an accurate estimate, but we cannot guarantee the insurance payments in advance of submitting the claim. We will allow your insurance company 30 days to pay on the submitted claim. Any balances remaining on your account, after your insurance company pays on your claim, are due within 10 days of billing. **If your insurance company has not paid on the submitted claim after 60 days you are responsible for the entire balance of services rendered.** Please make sure you give us the correct insurance information. We can not be responsible for providing accurate co-pay, deductibles and insurance estimates if we are not given the correct insurance information at the time of service.

Services: In order to properly diagnose and treat our patients, we require diagnostic aids such as radiographs and intra-oral photos. Please understand that when transferring to our office from another dental office, at times the radiographs we receive are not of diagnostic quality and may need to be retaken in order to provide quality care. We will make every attempt to receive payment from your insurance company, but you will be billed for any necessary diagnostic aids taken but not paid by your insurance company.

Payments: Our policy is to collect **FULL Payment at the time of service.** If insurance benefits apply, patient **CO-PAYMENTS, DEDUCTIBLES and CO-INSURANCE are due at the time service is rendered.** We accept CASH, CHECK, OR CREDIT CARD (MC, DISCOVER, VISA, AND AMERICAN EXPRESS). Please note that any returned checks will incur a \$40 fee. Care Credit Financing is available to those who qualify. Care Credit offers 12-24 monthly payments (no interest). Approval for Care Credit Financing must be done in advance of treatment. **For all major procedures (including procedures involving laboratory work) 50% is due when the treatment is initiated and the remaining balance is due before treatment is completed.** **Past Due Accounts:** All accounts outstanding more than 60 days from statement date will be turned over to TEK COLLECT Audit Company. Additional fees will apply if your account is turned over to collections.

Missed Appointments: Unless canceled at least **two (2) business days in advance, our policy is to charge a \$50.00 fee for missed or broken appointments.** Appointment times are important and affect many others schedules, especially those patients in need of treatment.

I have read and agree to Horizon Family Dentistry's financial policies. I authorize the release of any information relating to dental/medical claims and benefits payable to Horizon Family Dentistry.

Patient, Parent or Guardian _____ Date _____