

HORIZON FAMILY DENTISTRY

FINANCIAL POLICIES

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. At the same time, we would like to establish a healthy relationship with our patients explaining necessary treatment and the associate fees. In an effort to keep dental costs down while maintaining a high level of professional care, we have established the following Financial Policies and Payment Plans for the use of our patients.

Our office policy is **PAYMENT DUE AT THE TIME SERVICES ARE RENDERED.**

The following Payment Options are available.

1. **FULL PAYMENT AT TIME OF SERVICE WITH CASH, CHECK OR CREDIT CARD.**
2. **RETURNED CHECKS \$40 FEE.**
3. **INSURANCE PATIENTS: ALL ESTIMATED CO-PAYMENTS DUE BEFORE SERVICE IS RENDERED.**
4. **FOR ALL MAJOR PROCEDURES (INCLUDING PROCEDURES INVOLVING LABORATORY WORK) 50% DUE WHEN THE APPOINTMENT IS SCHEDULED AND REMAINING BALANCE DUE ON APPOINTMENT DATE PRIOR TO TREATMENT INITIATION.**
5. **FOR THOSE WHO QUALIFY, CARE CREDIT WILL ASSIST YOU WITH UP TO 12 MONTHLY PAYMENTS, EXTENDED PLANS ARE AVAILABLE. APPROVAL MUST BE DONE IN ADVANCE.**

Accounts outstanding more than 90 days from statement date will be reported to a collection agency.

Third Party Insurance: As a courtesy, we will assist you in filing your insurance. Insurance is an agreement between you, your employer, and your insurance company. We are not a party to that agreement. We believe that your Insurance should not dictate recommended treatment; however, we will be happy to assist you in maximizing your benefits. You will be required to pay your co-pay, deductible, and/or percentage before the treatment is rendered. Co-pays are only estimated percentage costs. When we receive payment, we will reconcile the account at the account at the time. You will either be reimbursed immediately or we will send a statement DUE UPON RECEIPT, if the insurance does not cover the remaining portion of the claim balance. Credit Card on file is recommended for insurance balances. Ultimately, you are responsible for the entire account balance for services rendered.

Missed Appointments: Unless canceled, at least 48 hours in advance, our policy is to charge a **\$50.00 fee for missed or broken appointments.** Appointment times are extremely important and affect many others schedules, especially those patients in need of treatment. In addition, if you are more than 10 minutes late, we may ask you to reschedule your appointment. We ask all of our patients to be on time and trust that you will keep your appointment.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy. I authorize the release of any information relating to dental/medical claims and benefits payable to Horizon Family Dentistry.

Patient, Parent or Guardian

Date