

FINANCIAL POLICY FOR OUR PATIENTS

Personal Care Dental Group, LLC

ACCOUNT SERVICES WE PROVIDE:

- File primary insurance claims within a timely filing period following the date of service
- File secondary insurance claims after the primary insurance payment received
- Provide information to your insurance company, as requested
- Contact the insurance carrier if the claim is not paid within 45 days after the claim filed
- Mail itemized statement to you

YOUR RESPONSIBILITY:

- Provide correct insurance and billing information at the time of service
- Pay co-payments at the time of service
- Respond immediately to insurance company correspondence regarding claims submitted by Personal Care Dental Group on your behalf
- Contact your insurance company if your claim has not been paid, or if we have not received an Explanation of Benefits within 45 days
- Pay account balance upon receipt of the initial statement

You are responsible for payment of your account, regardless of insurance coverage. We do not accept responsibility for collecting or negotiating insurance settlements. We can NEVER guarantee that your insurance company will cover treatment. We do our very best to estimate and predict what your insurance will pay. However in an ever-changing climate – this prediction of covered benefits has become even more difficult.

IN THE EVENT THAT YOUR INSURANCE COMPANY DOES NOT PAY AFTER 60 DAYS, FOR WHATEVER REASON, YOU WILL BE RESPONSIBLE FOR YOUR BALANCE IN FULL.

INITIALS: _____

PAYMENT OPTIONS:

1. Financing: You can finance your dental treatment through Care Credit for amounts over \$200. (Financing is interest free with equal monthly payments subsequently for 6 months). For amounts over \$1000, we do offer extended payment plans through Care Credit for 12 months interest free; however, these options accrue interest to the patient.
2. Payment via cash, personal check, Visa, MasterCard, Discover, or American Express for total patient portion on date of service. Payment is due the day of service.

OFFICE POLICY:

- **We reserve the right to charge interest in the amount of 1.5% per month. All balances older than 60 days are subject to this rate.**
- **After hour emergency fee is \$150 in addition to any services performed. This is NOT billed to insurance and the is patient's responsibility at time of service**
- **There will be a \$50 fee for insufficient funds to cover a check**
- **APPOINTMENTS THAT ARE CANCELLED WITHOUT 24 BUSINESS HOURS NOTICE AND ALL MISSED APPOINTMENTS WILL RESULT IN A \$50 CHARGE TO YOUR ACCOUNT**

INITIALS: _____

ACKNOWLEDGEMENT: If my account is sent to a collection agency or to an attorney for non-payment, I will be responsible for the collection fees, attorney fees, and accrued interest in addition to my unpaid balance.

I certify that I have read and understand all the above. All of my questions have been answered.

Patient Signature _____ Date _____

Staff Witness _____

Personal Care Dental Group, LLC reserves their right to change and/or update our financial policy without written notice.