

## **Financial Guidelines**

Dental treatment is an excellent investment in an individual's medical and psychological well-being, and our primary goal is not to allow the cost of treatment to prevent you from benefitting from the quality care you need or desire. In our office, we strive to maximize your insurance benefits and make any remaining balance easily affordable. We encourage you to ask questions and to be involved in treatment discussions. This includes understanding your treatment plan as well as our financial policy.

### **Financial Agreement:**

Our fees are based on the quality materials we use and the time, effort and skill required in performing your needed treatment. We charge what is usual and customary for our area. We also believe that everyone benefits when specific financial arrangements are agreed upon. Please understand that payment of your bill is considered a part of your treatment. We will be sensitive to your financial circumstances and do everything possible to help you achieve oral health.

**Patients are expected to pay for our services at the time they are rendered.** For your convenience, we offer the following payment options:

- ❖ Cash or Check – we offer a 5% courtesy discount to our uninsured patients who pay for their treatment with cash or check prior to completion of care with an out of pocket expense of \$350 or more.
- ❖ Credit Cards – Visa, MasterCard, Discover, and American Express
- ❖ Debit Cards
- ❖ CareCredit – a patient payment program offering a full range of no-interest and extended payment plans with prior credit approval

### **Insurance Information:**

All our doctors will diagnose treatment based on your dental health, not your insurance coverage. As a courtesy to our insured patients, we submit electronic claims to your insurance company free of charge.

We request that any co-payments, deductibles, and any services not covered by your insurance plan be paid at the time the service is provided. Ultimately, **you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.** Please bring your updated insurance information with you to your consultation, so that we can expedite reimbursement.

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As such, we can make no guarantee of the estimated coverage payment. However, we will do everything possible to see that you receive the full benefits of your policy. In order to submit your insurance claims, you will be required to provide us with your social security and insurance identification numbers (if applicable). Failure to provide your social security number will result in full payment for all services rendered.

**If your insurance company has not paid your account in full within 45 days, the balance will be automatically transferred to your account.** After 45 days, the patient is responsible for pursuing payment from the insurance company. All current documentation will be provided by mail in order to assist your inquires. The insured has a better ability to deal with the insurance company and the employer responsible for the party.

### **Appointments:**

Our practice is dedicated to quality care and exceptional service. To serve you better and keep the costs of dental care down, we try to maintain an efficient appointment system. Our doctors and team also spend extensive amounts of time preparing for your visit. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. **We require a minimum of 24 hours notice for any cancelled appointment.**

If proper notice is not received, a fee of \$50 will be charged for every hour of allotted time cancelled to your account. Please help us serve you better by keeping your scheduled appointments. Two cancellations or no shows will result in termination of our treatment agreement and dismissal from our practice. A \$100 fee will be charged for reinstatement.

Due to the extensive amount of time our staff and doctors devote to preparing and reserving uninterrupted time for reservations for major procedures, or exceeding an hour, we require a \$100 deposit to make your appointment. This deposit will be applied to the account balance upon completion of your treatment. If the appointment is cancelled less than 24 hours prior to your visit, the deposit will be forfeited.

### **Billing and Collections:**

Failure to pay your account upon it becoming due may result in your account being reported to credit rating bureaus or to a collection agency and/or legal action against you for full payment, including but not limited to all related reasonable attorney's fees, collection and/or court costs.

All payments returned due to non-sufficient funds will be subject to a \$30 returned check fee.

**I have thoroughly read and agree to the Financial Policy of Rinehart Dentistry, Inc. I also understand and acknowledge that I am financially responsible for the services provided for myself or my dependent(s), regardless of insurance coverage.**

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Signature of Patient or Responsible Party

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Date