
FINANCIAL AND APPOINTMENT POLICIES

Thank you for choosing our practice to be your dental health care provider. We are committed to providing you with the highest quality dental care. In an effort to avoid any misunderstandings, we would like to review our financial and office policies before you begin treatment in our office.

Charges incurred for services rendered are the patient's responsibility regardless of insurance coverage. Your insurance coverage is a contract between you and your insurance company, not your insurance company and us. We will file your primary and secondary insurance as a courtesy. Please know that having a secondary insurance does not mean that your services will be covered 100% and they will typically pay according to a coordination of benefits with the primary insurance. It is your responsibility to provide us with accurate insurance information and to inform us of any changes in your coverage.

You will need to supply us with the employee information (name, date of birth, social security number, employer and ID#) as well as the name and address of the insurance company. We will do our best to answer any questions you may have about your benefits but always suggest that you call or visit your insurance company's web site.

We will collect your estimated copayment and deductible at each visit. Please remember that any information we provide relative to your benefits is our best estimate and not a guarantee of the payment that will be received. If the insurance company does not pay what was estimated the remaining balance is the responsibility of the patient.

You are responsible for all copays, coinsurance, deductibles, and non-covered services. Please understand that we cannot waive deductibles, coinsurances or copays that are required by your insurance as it is a violation of our contracts with the insurance plans. Payment is expected at the time services are performed. We accept cash, debit card, check, MasterCard, Visa, Discover and American Express. For extensive services we offer low and no interest payment plans through Care Credit. Statements are sent out monthly, and we ask that balances due be paid when you receive the statement or at your next visit, whichever is sooner. There is a \$25.00 bounced check service charge. Payment will then need to be made by cash or credit card for the balance.

When you receive dental services from us and we bill your insurance, it is the same as though we are extending you credit. We wait for payment from you and your insurance. Balances not paid within 90 days may be turned over to a third-party collection agency, unless prior payment arrangements have been made.

We reserve appointment times specifically for each patient so that we may provide the ultimate in service. Please schedule your appointment carefully as there will be a charge to your account for any appointment cancelled without 48 hrs notice. Similarly, late arrivals can create scheduling problems with other patients. Please notify us if you are going to be late and we will let you know if your appointment will need to be re-scheduled.

If you need to change an existing appointment, please call during our regular business hours as our machine is not able to take cancellation messages.

If you have any questions about any of our policies, please feel free to ask any member of our staff.

I understand and agree to Songbird Dental Policies.

Signature _____ **Date** _____