

Saddle Rock Dental

Office/Financial Policies

Thank you for choosing Saddle Rock Dental for your dental care. We recognize that providing comprehensive dental services includes discussing all treatment options and associated financial information. We strive to communicate clearly and effectively with you in all aspects of your care. For this reason, we have created a Financial Policy so that you understand our expectations regarding insurance and payment for services.

Accepted Forms of Payment: Payment is due at the time services are rendered. For your convenience, we accept Discover, Visa, MasterCard and American Express, in addition to cash and checks. A \$25 fee will be assessed for returned checks, at the patient's expense.

Patient Financing: Saddle Rock Dental offers patients the option to finance their dental care through Care Credit or Sunbit. Patients can apply online at home or onsite at the practice and receive a response shortly after submitting the application.

Insurance: As a courtesy, we will file insurance benefit claims on your behalf. However, it is important that you understand that not all recommended dental services are covered benefits and your insurance company does not share financial responsibility for your bill following treatment. You are ultimately responsible for all charges if your insurance company fails to pay for rendered services. In order to accurately estimate your coverage and benefits, promptly notify us of any changes to your benefit plan(s).

Insurance Pre-Estimate, Pre-Determination and/or Pre-Authorization: Before treatment is performed, we will discuss your recommended treatment and the financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees, and to make necessary financial arrangements.

We will do our best to contact your insurance to provide you with your *estimated* portion due, including applicable deductibles, co-payments and/or percentage of the treatments not covered by your benefit plan. However, despite this, we cannot guarantee the payment of insurance benefits nor can we assure 100% accuracy of this estimated amount, since many factors are involved that determine the actual payment of benefits once submitted and processed by your insurance company.

No Show/Late Cancellations: We understand that you may need to cancel an appointment occasionally. In such circumstances, please contact us no later than 24 hours before your scheduled appointment time.

If you do not show up for your appointment, or cancel or reschedule within 24 hours of your appointment time, you may be subject to a \$50 fee. No-show or late cancellation fees are the patient's sole responsibility and must be paid in full before your next appointment.

Late Arrivals: If a patient is more than 15 minutes late for an appointment, the appointment may need to be rescheduled. This is to ensure that the patients who arrive on time do not wait longer than necessary to see the provider. We will try to accommodate late-comers as best as possible, but cannot compromise on the quality and timely care provided to our other patients.

By signing below, I have read, understand, and agree to the terms and conditions of this Financial Policy Agreement. I understand that I am ultimately responsible for all professional dental services rendered. I have been given the opportunity to ask questions and have them answered. I am also aware that I may request a copy of this completed (signed) form for my records at any time.

Name(Print): _____

Date: _____

Signature: _____