

## **Financial policy**

Thank you for choosing us as your dental care provider. We are committed to offering you quality preventative care and treatment. Please understand that payment of your bill is considered part of your care. The following is a statement of our Financial Policy, which we require you to read and sign.

### **Patients without Dental Insurance Coverage:**

Full payment is due on the day of service. We accept cash, checks, check cards, Visa, Mastercard, Discover, and American Express.

### **Regarding Insurance and Assignment of Benefits/Payments:**

You authorize William G Harper, DDS, PC to file all claims with your insurance policy and for William G Harper, DDS, PC, to accept assignment of benefits unless your policy dictates otherwise. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We file dental insurance as a courtesy to our patients. In order for us to bill your insurance company and obtain payment from them we must have all of your insurance information on file. Your insurance plan may pay for some procedures in full. However, most treatment will only be partially covered by insurance. We cannot guarantee payment of insurance for any procedure. Any estimate given for fee of treatment or co-pay is strictly an estimate. You can assist us in mailing accurate estimates by being familiar with your plan provisions and updating your insurance information any time changes are made to your policy. We will file your claim in a timely manner as an extra courtesy we will follow up on any unpaid claims 30 days outstanding from the filed date. If your insurance has not paid your claim within 60 days, the claim is deleted from our files and the balance due becomes your responsibility to pay. You can seek reimbursement from your insurance company. Your co-pay (a percentage paid by the patient) and any applicable deductible are due in full on the day of service. Any remaining balance due after a claim has been processed will be your responsibility to pay. Secondary insurance coverage will only be filed if a primary carrier's payments come directly to us. Upon signing this statement, you authorize all insurance payments to be paid directly to William Harper, DDS, PC.

### **Outstanding balance:**

You are responsible for payment of any outstanding balance once your insurance claim has been paid regardless of any insurance company's arbitrary determination of usual customary rates.

### **Minor patients:**

The adult accompanying the minor must agree to be the "responsible party" and must be prepared to pay any balance(co-pay) due at the time of service. For all minors, written consent from the legal guardian for treatment must be made prior to treatment and prior payment arrangements must be made. If more than one party is legally responsible for payment of a child's account, the adult who accompanies the minor to the appointment will need to arrange for full payment or co-pays to be made at the time of service. Appointment information, recall notices, and billing statements will be sent to the same address.

### **Missed Appointments:**

Unless canceled at least 24 hours in advance, our policy is to charge for missed appointments. A \$25 fee per hour of reserved appointment time will be charged. Please help us serve you better by keeping scheduled appointments.

### **Past Due Accounts:**

I agree to be responsible for payment of all services on my behalf or for my dependents. I understand that payment is due at the time of service. In the event payments are not received by agreed upon dates, I understand that a 3% late charge may be added to my account. Should my account become delinquent and be referred to any third party for collection effort, I agree to pay all responsible attorney fees, court costs, and a collection expense of not more than 35% of my referred balance.

I have read, understand, and agree to the Financial Policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_