

FINANCIAL POLICY

We are committed to providing you with the best possible care. It is our feeling that the energies and personnel functions of this office must be geared toward patient-centered dental care, not financial record keeping. To achieve this goal, it is important that our patients have a clear understanding of our financial policy.

It is important you understand that:

- (1) Your insurance plan is a legal document between YOU and the insurance company. Your fees for treatment are an obligation that you have with Dr. Heritier. If you have insurance coverage:
 - Verify whether or not we are a participating provider for your insurance plan.
 - Is there a co-pay or deductible with your insurance coverage? Be prepared to pay that amount the day of your appointment.
 - As a courtesy, we will submit the initial claim to your insurance company.
 - If payment from your insurance company does not cover all charges, because of unpaid deductibles, coinsurance, or non-covered services, you will be responsible for any amount remaining on your account.
- (2) Many payment options are available: cash, check, MasterCard, Visa, American Express, or Discover. Our office participates with CareCredit which offers popular 3, 6, and 12 month no interest payment plans and low interest extended payment plans.
- (3) If temporary financial problems affect your ability to pay and there is no alternative except to set up a payment plan, we reserve the right to establish the minimum amount of payment and the date on which the amount is to be paid in full.
- (4) If a balance is not paid in full within ninety days, the account may be turned over to collection. If my account is turned over, I agree to be responsible for filing fees, reasonable attorney fees, reasonable collection fees, witness fees, and other costs that incurred during the collection process
- (5) In the case of children whose responsible party is someone other than the Custodial Parent, we must ask that payment be made at the time of service by the person accompanying the child to the office. Although we empathize with the problems of divorcing parents, we cannot become involved in the financial arrangements of the divorce decree.
- (6) In the event that a credit balance appears on your account, the credit will be issued to the patient's account.

(OVER)

- (7) In the case of a returned check, the amount of the check will be charged back to the Patient's account and a \$16.00 bank fee, for insufficient funds, will be
- (8) Dr. Heritier has delegated management of patient accounts to very qualified staff members. If you have a problem with understanding your account or trouble meeting payment obligations, please discuss this matter with the appropriate Staff Member.

If you are unable to keep an appointment, please give 24 hours notice or you will be charged \$30 for that appointment time, in which you agree to pay.

If you have any questions about the above information, PLEASE don't hesitate to ask. We are here to help you with every aspect of your dental care.

I have read and understand the financial policy for Dr. Heritier's office. _____ (Initial)

RELEASE OF INFORMATION AUTHORIZATION (ALL PATIENTS)

I hereby authorize Dr. Heritier's office to release any information to my insurance company regarding services rendered by them and allow a photocopy of my signature to be used to file insurance.

Signature _____ **Date** _____