

FINANCIAL POLICY AND RESPONSIBILITY AGREEMENT

Thank you for choosing Staffordshire Dental Group as your dental care provider. We are committed to providing you with the best technology available for diagnosing and treating your dental care needs in a safe and comfortable environment. Our philosophy in serving people is to be informative, honest, and forthright. This Financial Agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances. If you have any questions or concerns about our Financial Agreement please do not hesitate to ask our business office staff. The patient, parent, or guardian signing the financial agreement is established as the account holder for the family. The account holder is not necessarily the insurance subscriber. The account holder accepts full responsibility for payment of all charges, including instances in which a divorce decree specifies shared responsibilities.

OUR FINANCIAL POLICY IS AS FOLLOWS:

1. Payment is due at time of service.
2. Payment plans for certain procedures are available through Care Credit.
3. We will accept cash, personal checks, and most major credit cards including MasterCard, Visa, American Express, and Discover.
4. We will accept assignment of benefits subject to verification of insurance coverage. **Estimated** co-payments are due at time of service.
5. Extended treatment plans will be outlined so that appropriate payments may be made as each phase of treatment is begun.
6. Our financial coordinator will discuss with you the options that are available to assist you with fulfilling your payment obligations at your request.

FOR PATIENTS WITH DENTAL INSURANCE

We are participating providers with most dental insurance companies. **We do not participate with any HMO/DMO Programs.** Our staff will assist you in obtaining your maximum insurance benefits. Please inform the front office staff if your insurance has changed since your last visit. Insurance is a contract between the patient and/or employer and the insurance company. It is not a contract between our office and your insurance company. We will be happy to assist you by filing your insurance claim and answering the details that the insurance company may require. **The responsibility for payment belongs to the account holder.** We will provide estimated balances between the cost of service and co-payment of your insurance. Please understand that these estimates are based on the information we have obtained from your insurance company and may be subject to change. Our dental software can only track the insurance benefits you use in our office. If you have obtained dental treatment elsewhere, please inform our staff so that your benefits can be reset. Predetermination of benefits may be advisable if there is a question concerning coverage. Predeterminations of benefits are performed at a patient's request. If you are uncertain of your financial responsibility, please ask our front office staff to send a predetermination of benefits to your insurance company. Please

note most insurance companies reserve the right to change their predetermination, downgrade a procedure, or pay for an alternative benefit. You should be aware that insurance policies are written differently for each employer and the same insurance company may offer many different types of plans. Your policy may contain limitations for replacing fillings, prosthesis, scaling and root planning, implants, and crowns. Insurance policies may also contain a missing tooth clause which states that if you did not lose the tooth while the policy was in effect, the insurance company will provide no benefit to replace the missing tooth. Please be aware that insurance companies only pay for completed treatment. If you choose to begin treatment and do not complete services in a timely manner, the full cost of treatment becomes your responsibility. We urge you to ask questions and become familiar with your insurance policy. The benefits your plan pays are largely determined by how much your employer pays in premiums for the plan. We are happy to submit your claims and help you receive the benefit due you, but please understand that we cannot accept responsibility for collecting your insurance claim or for negotiating disputed claims.

BROKEN OR MISSED APPOINTMENTS are subject to a \$25.00 fee with less than 24hr notice. Keep in mind your appointment reserves time for treatment with the doctor and assistant. Broken appointments also prevent others from receiving dental care.

We understand temporary financial problems may affect timely payment of your balance. In those situations, we encourage you to communicate any such problems immediately so we may assist you in the management of your account.

I HAVE RECEIVED AND READ THE ABOVE FINANCIAL POLICY AND RESPONSIBILITY AGREEMENT AND AGREE TO COMPLY WITH ALL OF THE TERMS AND CONDITIONS AND UNDERSTAND THAT I AM RESPONSIBLE FOR ALL PROCEDURES.

PATIENT NAME

SIGNATURE OF RESPONSIBLE PARTY

PRINT NAME

REVIEWED BY STAFF MEMBER

DATE