

## Financial Policies

**Patients with Insurance:** We expect you to pay your estimated co pay at the time of service. This reduces our billing fees and allows us to keep cost down for you. Note: That our dental office may supply some services that insurance carriers do not consider a covered benefit of your contract; like some cosmetic procedures or desensitizing agents. For any non-covered services, we will require payment in full on the day of service is rendered or payment arrangements must be made.

We will submit charges to your insurance carrier when complete information has been received. This is a courtesy provided by our office. If insurance payment is delayed over 90 days, you will be expected to pay the balance. If non-payment from your carrier is due to documentation needed to support service, we will make all efforts to supply the needed information. We will not fraudulently change diagnoses from the supporting documentation in order for a better outcome from your insurance company.

We will bill secondary insurance. Carrying primary and secondary policies does not alleviate all patient responsibilities; all deductibles & co pays still apply. After receipt of insurance payments, the amount that is remaining is the patient's responsibility and due in full upon receiving your statement. We recommend that you review your insurance carriers "explanation of benefits" before treatment. (EOB'S)

**All Patients without insurance:** We expect you to make your payments in full for all services provided to you on the day of your appointment.

**Patients with Flex Plans:** All patients are expected to make special payment arrangements with our office if they are insured or are not insured. Most Flex Plans require denial from insurance before a patient can access their Flex account.

**For our patients without insurance:** We offer a 5% courtesy for payment in full (cash or check) for extensive dental services over \$1,000. These payments must be made prior to or on the day of treatment in order to receive the discount offered.

We accept Visa or MasterCard credit cards for your payment convenience.

If arrangements for payments are needed, a monthly credit card payment option is available. A confidential meeting will allow for questions and explanations of our policies. The agreement listing all conditions agreed upon will then be signed and you will receive copies of the documents for your records. .

For extensive dental work over \$500, Care Credit (*a no interest financing option*) is available for qualified applicants.

*\*subject to credit approval. See patient brochure for additional information and estimated monthly payments.*

If your account is 90 days past due it will be turned over to a collection agency and you will be responsible for the third party agency fees incurred.

There is a \$30.00 check return fee for any NSF check that will be assessed to your account. If a payment is returned for non-sufficient funds, payment will only be accepted in cash or money order.

We reserve the right to change these financial policies at any time. If policies change, we will notify you of these changes by mailing you the information with your billing statement.

\*I have read and understand all policies listed above. I understand that I am responsible for all payments in full for services charged for this office regardless of insurance coverage.

\*I agree that insurance payments can be sent directly to Dr. Ronald Rosser's office.

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Print patient's name

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Signature of responsible party

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Date