

DUNLAP DENTAL

FINANCIAL POLICY AND PATIENT AGREEMENT

We believe that communication with our patients concerning our financial practices assists us in providing the best possible care and answers many common questions. Therefore, we would like to explain the financial policies of Dunlap Dental.

Our professional fees are comparable to the usual and customary fees of other providers in our community. Your payment responsibility depends on your dental insurance status and whether Dunlap Dental is participating provider with your insurance company. If your eligibility or coverage changes, please notify our office immediately.

If Dunlap Dental is a participating provider with your dental insurer, we will accept payment for covered services as determined by the insurer as payment in full, except for co-payments and deductibles for which you are personally responsible. Although we are participating, there may be services that are not covered by your insurer; you will be personally responsible to pay for those services.

Most dental insurance plans require some form of pre-approval. Our office will submit a pre-determination of benefits to your insurance carrier for treatment plans in excess of \$200. However, pre-determination is not a guarantee of payment and is only an estimate of payment. If you do not have prior approval or a pre-authorization, you will be responsible for payment on the day of services.

If Dunlap Dental does not have a participating provider agreement with your dental insurance company. In other words, if our office does not accept your dental insurance, you will be personally responsible for paying the professional fees up front for those services. We will personally provide assistance to you in submitting your claim for personal reimbursement from your insurer. You will be reimbursed by your dental insurance company by check through the mail within 45 days.

Payment in full is expected at the time services and the day of your appointment. This policy applies to co-payments, co-insurances, deductibles and non-covered services.

Thank you for taking the time to read our financial policy. If you have any further questions please ask to speak with our office manager.

I hereby have read and understand the financial policy and agree to the above payment responsibilities.

Patient/ Guardian Signature

Date