



BALFOUR DENTAL
CENTER FOR COMPLETE DENTISTRY

Financial Policy

The purpose of this explanation is to familiarize you with some financial policies. Please ask our front office staff if you have any questions about the information covered in this policy.

It is our policy to receive full payment of fee (or the amount of your estimated co-payment, if your insurance is assigned to us) on or before the day of services. We accept cash, check, and money orders, Visa, MasterCard, Discover and American Express. We also offer extended payment plans for accounts over \$500, for your convenience through 3rd party financing companies and is based on prior credit approval.

Insurance Claims:

Your dental insurance is an agreement between you and your insurance company. As a convenience, we process your dental insurance claim for you and we will accept your assignment of insurance benefit to be paid directly to us.

You are responsible for any fees not paid by your insurance. We estimate amounts to be paid by your insurance company from benefits obtained from your insurance plan, but please understand that it is an **estimate**. It is possible that all the dental services that you need may not be covered by your insurance plan. Most policies limit the frequency of certain services and have a fixed annual dollar amount of benefits. If for some reason your insurance company has not paid their estimated portion within 45 days after the services have been completed, we will request and expect payment of any balance from you.

Changes to your insurance policy will change your dental benefits. It is your responsibility to inform us of any changes to your insurance policy, failing to do so would cause your dental insurance estimates to be inaccurate, and you will be responsible for any additional or difference in estimates.

Any dental or dental specialty treatment received outside of our office also uses dental benefits from your dental plan yearly maximum. It is your responsibility to inform our office if any such treatment has been rendered. Failing to do so will not allow us to give you an accurate estimate. If you do not inform our office of any treatment received from another dental office you will be responsible for any charges not paid by your insurance.

Overdue Accounts:

Any account balance which is not on the payment plan and which is over 60 days old will have a finance charge of 1.5 percent per month (18% APR) added. If an account is 90 days past due, it may be assigned to an outside collection agency, which may adversely affect your credit score. Please do not allow your account to be delinquent past 60 days.

In the event that an account is turned over to a collection agency or if legal action is required for collection of an account, the prevailing party shall be entitled to reimbursement for reasonable legal fees and the cost of collection.

Thank you for choosing Balfour Dental for your dental needs. We look forward to having you as a patient and helping you achieve positive health.

I understand and agree to the Financial Policy.

Patient's Signature

Date