

NAAS FAMILY DENTISTRY

FINANCIAL POLICY

Thank you for choosing us as your dental health provider. We are committed to your treatment being successful. We will be happy to work with your insurance to get the maximum benefits from your policy. The guidelines that follow explain the financial policy for this office.

1. We can usually predict what coverage will be based on the information your insurance company provides. You are responsible for paying your estimated portion at time of treatment. We will file your insurance, payable directly to our office. Ultimately, 100% of the treatment costs are your responsibility. If we haven't received payment within 40 days, you will be contacted to pay the remaining balance. We urge you to insist that your insurance company make payments on time to avoid your being billed.
2. A 5% booking courtesy will be offered to patients paying for treatment in full with cash or check. We will file the claim payable to you, in most cases the claim is paid within 30 days. Insurance companies are always faster to pay the patient.
3. The full fee for bleaching treatment is due at the time of impression appointment.
4. Should your account be referred to a collection agency or attorney for collection you will be responsible for all collection fees including court cost.
5. There will be a \$25 fee for returned checks.

Regarding usual and customary fees (UCR)

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance companies arbitrary determination of their usual and customary rates.

Cancellation/NO SHOW Policy

Please extend us the courtesy of letting us know well in advance (at least 48 hours) if you cannot make your appointment.

A \$100 fee may be assessed for appointments cancelled with less than 48-hour notice, or missed appointments.

We understand that emergencies do arise, but please be considerate of your fellow patients.

Responsible Party for Payment

It is our office policy that whoever brings in the patient to be seen is the responsible party for payment. We understand that a divorce decree will sometimes name one person responsible for dental bills. This is a matter that should be resolved outside of the office so that payment can be at date of service.

I, the undersigned, hereby agree that I will guarantee the payment of the bills for services rendered by J .Matthew Naas for the patient noted below. If I am married that guarantee extends to my spouse. I understand that my insurance coverage is strictly between my carrier and me. I further authorize the transfer of any overpayment to be applied to any account on which the undersigned is a patient, guarantor, or otherwise legally responsible.

X _____

Patient signature

Today's date