

**Avent Ferry Family Dentistry Financial Policy Agreement**

We are committed to providing you with the best possible care. If you have dental benefits, we will help you receive your maximum allowable benefits. To achieve these goals, we need your assistance and your understanding of our financial policy.

We base our fees on our quality, expertise, time and service. We clearly list and explain all our estimated fees during your treatment consultation. After your treatment plan is formulated, we will provide you with a written **estimate** of what your financial obligation is estimated to be.

To make your payment more convenient for you, we accept cash, personal checks and all major credit cards. In addition, we offer an excellent third party financial payment plan through CareCredit. Any portion of an account balance beyond 60 days incurs a service charge of 1.5% per month. Returned checks incur a handling fee of \$30.00.

We encourage anyone having temporary financial problems to contact us immediately so we can assist you in the management of your account. Any account over 60 days without prior arrangements, the patient/responsible party/legal designate will assume any and all collection and/or legal fees incurred, in addition to the outstanding balance.

Our primary concern is your complete oral health. Nonetheless, we will be sensitive to your financial circumstances within the framework of sound business practices. If you have any questions about the above information, please do not hesitate to ask us.

**A WORD ABOUT DENTAL INSURANCE...**

If you have dental benefits, it is your responsibility to get us that information **prior** to your visit. In addition you must bring proof of Benefits. If you were not issued a card, please be prepared to bring in the following information; Subscriber name and date of birth, Insurance Company, Employer, Group number, social security number and/or member ID. If you come to your appointment and we are not able to take your insurance you will incur the cost of the visit.

As a reminder, your insurance is a **contract between you, your employer and the insurance company**, not between your insurance company and our office. We can make no guarantee of any estimated coverage, but we'll do our best to see that you receive your maximum benefits. Your bill is ultimately your responsibility should insurance not cover the expected amount due, or if your insurance fails to pay us. Please keep in mind that you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated. Not all services are covered benefits in all contracts and some companies arbitrarily select certain services they will not cover.

Patient/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_