



SOUTH MOUNTAIN FAMILY DENTISTRY

Office Policies and Financial Agreement

Thank you for choosing South Mountain Family Dentistry for your dental care. Our office is committed to providing you with the best possible care. The following is a statement of our Financial Policy which we require you to read and sign prior to receiving any treatment.

Regarding Payment

We gladly accept several forms of payment which include Cash, MasterCard, Visa, American Express, Discover, and Care Credit. Payment is expected at the time of treatment unless arrangements were made in advance with the rendering doctor and our billing receptionist. Insurance co-payments are also expected at the time of service. If dentures, partial dentures, crowns, bridges, etc. are to be fabricated by a dental laboratory, a 50% deposit will be required at the time of the first treatment visit, and the remaining balance will be due at the time the prosthesis is cemented or inserted.

Regarding Insurance

It is important to understand that the insurance contract is between the insurance company and you, the insured. Our office will gladly submit your insurance claim to your insurance carrier, as a courtesy to you. At the time of treatment, the patient/guarantor is responsible for the estimated portion that the insurance does not cover. If for some unforeseen reason your insurance carrier has denied or not made payment within 60 days, the patient/guarantor is responsible for the balance in full. Due to pending claims and patient privacy issues, we do not always know how much an insurance company has already paid to another office or specialist, and the balance remaining on a yearly maximum.

Dental insurance was not designed to pay for all dental care. Our goal is to maximize the amount of your care covered by your insurance benefits. However, it is important to understand that treatment recommendations made by the rendering doctor are based on an individual's needs, and not necessarily based on what insurance coverage is available.

Please be prepared to show your insurance card and driver's license at the time of your visit. It is the patient's/guarantor's responsibility to provide any new information regarding insurance. Our goal is to maximize the insurance benefit to you, the patient.

Patient/Guardian Signature

Date

Print Patient Name