

## Financial Policy Letter

We at East Coast Family Dental are proud to be a part of a team whose primary mission is to deliver the finest and most comprehensive dental care services today. In order to assist you with your health care investment, we are providing the following payment options.

**PAYMENT:** Payment is due at the time of service. We do accept cash, personal checks, major credit cards, debit cards and third party financing through *Care Credit*.

**INSURANCE:** As a courtesy to our patients, we are happy to file your claims on your behalf. We will make every reasonable effort to collect covered amounts from your insurance company. Deductibles, co-payments and non-covered amounts are due at the time services are rendered. All estimates quoted are based upon information provided to us by your insurance company and are **estimates only** they are not a guarantee of payment. The patient is ultimately responsible for all charges incurred. Insurance companies are required by law to pay claims within 30 days. After 60 days, any unpaid claims will be resubmitted by our office and we ask that you follow-up as well. After 90 days, we ask that you pay in full and have your insurance company reimburse you. We will be happy to provide any information or documentations you may require. Our first and only priority is our patients and the quality of care. The negotiation of benefits is between you, your employer and insurance company.

**RETURNED CHECKS:** All returned checks are subject to a \$30.00 returned check fee. Any unpaid returned checks will be forwarded to the District Attorney for collection.

**DELINQUENT ACCOUNTS:** Accounts over 90 days past due will be referred out for collection and the patient is responsible for any fees associated with that.

**CANCELLATION POLICY:** It is the philosophy of our office to provide optimal patient care. All patients are seen by appointment only and are scheduled with your individual needs in mind. This allows us to focus our efforts on caring and treating our patients to the best of our abilities. We do require 24 hours notice for cancellations and reschedules. This is necessary to allow us adequate time to notify patients who are on a waiting list for the next available appointment. We are then also able to offer all of our patients the same exceptional standard of care. **A fee of \$75 per hour, will be charged for failed or cancelled appointments with less than 24 hours notice. You must call, text or email us during business hours.**

**SATURDAY APPOINTMENTS:** We are open 1-2 Saturdays per month. Due to the high demand we ask that any cancellations occur at least 48 hours in advance. Failure to give enough notice will result in a **\$100.00 per hour fee in addition to loss of Saturday appointment opportunities.**

**ACCOUNT BALANCES:** Account balances over \$3000, that do not make consistent monthly payments will incur a 5% per month interest rate.

**I have read the above and understand and agree to these terms. I hereby authorize the release of any dental information necessary to process insurance claims. I authorize the payment of benefits to be directly to East Coast Family Dentistry.**

**Patient/Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_