

FINANCIAL POLICY

We are committed to providing you with the best possible care. We would like our patients to be informed of our office financial policy. We base our fees on our quality, expertise, time, and service. We clearly list and explain all of our fees in our treatment consultation and provide you with a written estimate of what your financial obligation will be.

If you have orthodontic insurance, you must bring proof of insurance and we will be happy to prepare the necessary forms for this important benefit. If you were not issued a card, please provide us with the following information:

- Insurance carrier name and phone number
- Subscriber Name/DOB/SS#
- Subscriber ID Number and Group/Plan number

However, we remind you that 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 will 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 should your insurance fail 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 in all contracts and some companies arbitrarily select certain services they will not cover.

At times, certain services may fall under your medical insurance coverage. Due to variations of benefits, coverage for these services is not a guarantee. Our office requires payment for these services in full and will gladly submit these procedures to your medical insurance provider. Should payment be received from your insurance company, we will issue a reimbursement to you.

We offer convenient payment plans through our office as a courtesy to you. To make your payment, we accept all major credit cards, personal checks, and cash. In addition, we offer an excellent third party financial payment plan through CareCredit.

We encourage anyone having temporary financial problems to contact us immediately so that we may assist you in the management of your account. Any portion of a past due balance beyond 60 days may incur a monthly service charge. Returned checks will incur a handling fee of \$35.00. Any account over 90 days past due will be subject to legal action.

Our primary concern is your complete oral health. Nonetheless, we will be sensitive to your financial circumstances within the framework of sound business practices.