

SERENITY DENTAL CARE FINANCIAL POLICY

Welcome to Serenity Dental Care. This is an outline of our financial policy.

All payments are due at the time of service. We accept all methods of payment. For those patients with insurance policies, we will bill the insurance carrier for the services provided. An estimated copay will be collected at the time of service. This is calculated based on your insurance benefit provided to us.

Regarding Insurance: You are responsible to supply the office with your insurance information. If there is a copay, you must provide it at the time of service.

At times your insurance carrier may deny coverage for a procedure/service, if so you are responsible for the fee of the procedure.

Please remember your insurance policy is a contract between you and your insurance company.

Returned check fee of \$15.00 will be added to a patient account if a personal check written to the office is returned due to insufficient funds.

If you are unable to keep an appointment, a **24 hour notice of cancellation** is required, otherwise a ~~\$30~~⁴⁰ charge will be added to your account for the time that was reserved for you.

All appointments **2 hours** or more require a **deposit of half of your estimated patient copay**. Failure to give **24 hours notice of cancellation** for a 2 hour and 2 hour + appointment will result in a **\$100 cancellation fee**.

Any outstanding balance is due within 30 days of service. Any balance over 60 days is subject to a \$30 late charge, which will be added every 30 days and accrue with the patient balance.

Accounts with a balance over 120 days will be subject to a collection agency.

We take pride in the service and care we provide. We do not want finances to get in the way of our care for the patient.

If you can not pay at the time of service, please let us know. We can make financial arrangements for you and/or discuss a financial plan for you.

I have read and understand the financial policy for Serenity Dental Care. I agree to abide by the terms and conditions of this policy.

*As required by law, our office adheres to written policies and procedures to protect the privacy of information about you that we create, receive or maintain. As a courtesy to all of our insured patients we call to verify insurance benefit. However, it's your responsibility to thoroughly understand the coverage and exceptions of your particular policy. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Our staff is trained to help you with questions you may have relating to how your claim was filed, or regarding any additional information your carrier may need to process your claim. Coverage issues can only be addressed by your employer or group plan administrator. **We cannot act as a mediator with the carrier or your employer.***

Signed by Patient/Parent/Guardian

Date