

DALEN DENTAL CLINIC
Financial Policy

Patient Responsibility: The patient or person(s) legally responsible for charges resulting from services provided by Dalen Dental Clinic agrees to pay patient's account regardless of the existence of insurance or other third party liability. **If you do not have insurance or if you do not have full coverage for the services we are providing we request that you pay for the services on the date that you receive them.**

Patient Balances: We expect prompt payment for services rendered. We accept for payment cash, check and all major credit cards. If you are unable to pay in full on your account, please contact our business office to arrange a payment plan with CareCredit. Interest at the rate of 1.5% per month will be charged on accounts with a patient balance that is over 90 days old.

Insurance Plans: We will submit your insurance claim to your insurance carrier as a courtesy, but we will not accept their payment rates or their definition of "usual and customary" and will expect payment in full. **If you are dissatisfied with your insurance payment, it is up to you to contact your insurance carrier.** We will be happy to assist by providing any claim information that they request.

Referrals: It is your responsibility to obtain any pre-authorization or referrals required by your insurance carrier and accept liability for charges should your health carrier deny benefits.

Co-payments: Guarantor agrees to pay any insurance co-payments at the time of service as specified in his/her insurance policy. Also, if your insurance pays at a limited percent, we request that you pay your portion of the services on the date that you receive them.

Consent for Release of Information: I/we authorize the release of any medical information necessary to process insurance claims for all occasions of service until I/we revoke this authorization. I/we authorize my/our health insurance company(s) to make payment(s) directly to Dalen Dental Clinic for benefits covered by my/our insurance contract.

I have read the Financial Policy for Dalen Dental Clinic and accept the terms of this policy.

Patient or guarantor signature

Date