

Patient Financial Policy



Patients With Dental Insurance:

- You are personally responsible for all fees for your dental treatment, not your insurance company.
- We only require that you pay 30% of your total fee at the time of treatment. As a courtesy, we allow you 30 days to pay the balance of the fess. Most insurance companies will reimburse you within that 30 period.
- The balance of your account is due *from you* within 30 days of treatment regardless of your insurance coverage. If your insurance company sends you the payment, simply endorse the check and mail it to us along with a check for any remaining balance. Do not cash this check – the PA Attorney General considers it insurance fraud to use this money for any purpose other than to pay for your dental care.
- A financial charge of 1.25% per month (15% annually) will be added to any balance due beyond 30 days.
- Account past due for 30 days or more may be forwarded to an outside collection agent or to the District Justice for collections. If a collection agency is used a 30% collection fee will be added to your account.

I have read and agree to the above Financial Policy.

Signature: _____ Date: _____

Dental Insurance Company

Address _____

Subscriber's Name _____ Relationship to Patient _____

Group # _____ SS# _____ DOB ____ / ____ / ____

Employer _____

Secondary Dental Insurance

Address _____

Subscriber's Name _____ Relationship to Patient _____

Group # _____ SS# _____ DOB ____ / ____ / ____

Employer _____