

## INSURANCE AND FINANCIAL POLICY

Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits, contact your employer or insurance company directly. INITIAL \_\_\_\_\_

We currently accept many private care insurance plans. This means that we handle thousands of companies. Although we can maintain computerized histories of payments by a given company, they do change; therefore, it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is ONLY AN ESTIMATE. If you would like to know your insurance benefit, we will be happy to file a pre-authorization with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage either. This does delay treatment but gives you an estimate directly from your insurance company.

We will bill your insurance as a courtesy. If insurance does not pay within 90 days, Hitzel Dental reserves the right to request Payment in full for services from you and let you collect the insurance monies that are due to you. This is rare but, it is important that you recognize that the insurance you have is a legal contract between you and your insurance company. Our office is not and cannot be part of that legal contract. Ultimately, you are responsible for all charges incurred in our office. Should your account be past due over 90 days we will send final notice statements. Should the account remain unpaid, it will be sent to Choice Recovery for collections processing. INITIAL \_\_\_\_\_

At Hitzel Dental, full payment for your estimated portion is required at the time of service. We offer several payment options, including MasterCard, Visa, Discover, cash, and checks (for existing patients with a history). For those seeking extended finance options, we collaborate with Care Credit and Sunbit to facilitate treatment financing. INITIAL \_\_\_\_\_

A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least a 24 hour notice to avoid a \$35.00/ hr cancellation fee. INITIAL \_\_\_\_\_

In the event of an emergency after regular business hours a \$300.00 emergency fee will be charged for established patients in addition to the necessary treatment fees. patients who are not established in the practice will be charged \$350.00 per hr. emergency fee. INITIAL: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Patient Print: Date: \_\_\_\_\_