2018 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-determination authorization" with your insurance company prior to treatment. Keep in mind this is not **a guarantee of coverage either**. This does delay treatment but will give you the exact out of pocket figures you may require.

INITIAL_____

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 funds that are due to you. This is rare but 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 a COLLECTION CHARGE OF 35% will be added to the remaining principal balance. The account will be sent to Choice Recovery for collections processing.**

INITIAL_____

Hitzel Dental does require payment in full for your estimated portion at time of service. We accept MasterCard, Visa, Discover, cash and checks (for existing and established patients with history). If you are in need of an extended finance option, we also work with Care Credit, who offer 3, 6 12 months "same as cash" or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit.

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 24 hour notice to avoid a **$35.00/ hr.** cancellation fee (emergencies are exceptions).

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:_____ Date:____/____/2018

Patient Print:_____

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