



Office Financial Policy
Bearden Family Dentistry

Patients Name: _____

Welcome to our dental office! We are happy to have you as our patient and look forward to offering you and your family the finest dental care available.

We know that providing complete, comprehensive dental service includes discussing all treatment and financial information. Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make necessary financial arrangements.

As a courtesy to our patients, we do accept assignment of benefits and will bill your insurance carrier if the proper paperwork and insurance is provided. Patients without proper paperwork and insurance will be considered private pay and will be responsible for their balance on the day of service. It is your responsibility to provide the office with updated insurance cards. **IT IS NOT THE STAFF'S RESPONSIBILITY TO KNOW IF YOUR INSURANCE HAS CHANGED OR TRACK YOU DOWN TO GET UPDATED INFORMATION.** Having incorrect information will only delay claims being paid and could possibly be denied due to timely filing limits.

We do our best to determine what your insurance will pay but this is only an estimate and can change once we file the claim. Insurance benefits are determined by your employer, not your Dentist. Insurance is not a guarantee of payment, if you would like a more accurate estimate, we will be happy to submit a pretreatment estimate to your insurance (those can take up to 6 weeks to get back). It is your responsibility to know your insurance plan limitations and maximum payout per year. It is your responsibility to know if your insurance has in and out of network benefits. For larger treatment plans we may ask that a deposit be made on all services prior to treatment and insurance processing.

We ask that once insurance has been processed and paid, that payment is made in a timely manner. If payment is not made in a timely manner and we feel that collections become necessary you agree to pay all collection fees, court fees and any attorney fees.

Payment is due at the time services are rendered for your convenience we accept the following Visa, Mastercard, American Express, Discover and CareCredit. If you are paying with CareCredit the account holder will need to be present at the time the payment is processed with a valid ID. If you are due a refund, we will refund you in the form the payment was made (except cash). We also offer text to pay and statement by email.

We have now added convenient auto pay for our patients.

- Once Insurance has processed all claims and the patient balance is less than \$100, please run the card on file.
- Once insurance has processed all claims and the patient balance is over \$100, please contact me before any payment is made.

Name On Card _____ Relationship to Pt _____

Card number _____ Expiration date _____ CVV _____

Type of Card: American Express Visa MasterCard Discover.

My signature certifies that I have read and understand the financial policy of Bearden Family Dentistry. I authorize the release of any medical records or other information necessary to process my insurance claim(s). I authorize payment of benefits, otherwise payable to me, directly to the provider of services listed on claim(s).

Signed Name _____

Date _____