Neibaur Dental

Financial Policy

Thank you for choosing **Neibaur Dental** for your dental needs. Our practice is committed to providing quality dental treatment for our patients. This page is an explanation of our financial, cancellation, and "no show" policy. It's important for you to read this carefully.

Once you understand our policy, then you can then affix your signature to the document. Every patient must complete our Patient Registration Form before they can see our dental health care providers. For younger patients, the signatures of their parents and guardians must be affixed to this document.

Please remember the following guidelines:

- Patients' payment portions are due at the time of the service.
- Our dental practice accepts cash and checks, along with Visa, Master Card and Discover credit cards. We also work with Care Credit plan, and it is interest-free for the first 6 months.
- A $30 charge will be added for all returned checks.

Regarding Insurance

Neibaur Dental bills insurance as a courtesy to you. We will bill up to two insurances on your behalf. We need you to provide complete and accurate insurance information to us. Knowledge of your deductible and co-pays is your responsibility, not ours. We do not guarantee the accuracy of benefit information when quoted to us by your insurance company. Should there by a change in your insurance coverage changes, please inform Neibaur Dental as soon as possible.

Please be aware that some insurance companies may deny or reduce benefits, as they may contend that some services are not considered "usual, customary, or reasonable" (UCR). It is therefore possible that some of the dental services you receive, or even all of them, may not be covered under your dental insurance plan.

Our fees, however, are actually usual, customary, and reasonable for the state. These fees are based on the national geographic standard. Again, please not that all your deductibles and co-pays specified in your dental insurance plan are due and payable at the time of service. The balance on your account is also your responsibility, should your insurance company refuse to pay for them.

By signing below, you are authorizing the release of information to your insurance company so they may pay Neibaur Dental Office directly.

If for any reason payment is not received from your insurance company within 60 days from your date of service, you will become responsible for the outstanding balance. At 90 days, your account may incur a monthly interest charge of 10% until paid in full. At 180 days, any outstanding balance may become subject to collections. If your account is sent to an outside collection agency, a 35% fee will be assessed.

Please help us to serve you and other patients by following all your scheduled appointments. If you do not show or fail to call at least 24 hours before your appointment, a <u>No Show Fee of $100</u> may be applied to your account and must be paid prior to scheduling future appointments.

I have read, understand, and agree to this financial policy.

Signed:_____ _____

Patient or Responsible Party Signature | Patient or Responsible Party Printed Name

Relationship to Patient:_____

Patient Name:_____ Date:_____