



Financial Policy

Thank you for choosing Commencement Bay Dentistry as your dental care provider. Our office is committed to providing you with the best possible care. Please understand that payment of your bill is considered as part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

Dental Insurance

For your convenience our office will process your insurance claim for you and make every effort to assure payment from your insurance company. However, you are responsible for payments of this account regardless of insurance coverage even though an insurance claim is filed. You will receive a statement if there is a balance remaining after insurance has paid, or if your insurance company has not paid within 30 days of treatment.

You are directly responsible for all charges, regardless of decisions made by your insurance company. For patients whom we have verified eligibility with an insurance provider, we are happy to file the necessary forms with your insurance company to enable you to receive maximum benefits. However, the insurance policy is a contract between you, your employer, and your insurance company; we make no guarantee of any coverage or payment from your insurance provider. We will estimate your insurance coverage before each dental treatment but the final decision will be made by your insurance carrier. Any amount that is not covered by insurance will be due from you at your dental appointment and your final statements will reflect a credit or balance due after your insurance has made their payment.

Usual and Customary Rate

Our practice is committed to providing the best treatment for patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed Appointments

Time, trained personnel and dental equipment are reserved for each procedure. Missed appointments add to the cost of dental care when reserved facilities are left waiting empty. We request 48 hours advance notice for rescheduling your appointment. Your account will be charged a broken appointment fee of **\$40.00** per hour scheduled.

Payments

Payment in full is due at the time of service. If you have dental insurance, your estimated portion is due at the time of service.

Payment Options

Cash or Check Discount We are happy to offer 5% discount for cash or check payments made the same day of appointment

Credit or Debit Cards We accept Debit, Credit Card (Visa, MasterCard, and Discover, and Flexible Spending Account Cards)
Please note that only cash or check payments made at the time of service are eligible for a 5% discount.

Monthly Payment Monthly payments with Care Credit are available ranging from 6-12 months, interest free. We will help make arrangements. Approval is usually available within five minutes.

Finance Charges All accounts not paid in full within 60 days have become past due. All past due balance are subject to a finance charge computed by a "periodic rate" of 1% per month, which is an annual percentage rate of 12%. Accounts 90 days overdue will also include a \$5.00 rebilling fee.

I have read and understand the above Financial Policy. By signing below, I acknowledge responsibility and agree to the terms as written above.

Print Name of Patient or Personal Representative

Signature of Patient or Personal Representative

Date

Description of Personal Representative's Authority