



Financial Policy

- ❖ Payment is expected at time of service unless prior arrangements are made.
- ❖ All crowns, dentures, partials, and other lab jobs require 1/3 to 1/2 down at beginning of treatment. The balance is due at delivery or may be spread out in equal payments over 30, 60, and 90 days. Checks (not post-dated) may be written for portions of balance and can be held for a later date. Work cannot be financed in office over 90 days. **In order to finance, your signature on this form allows us to check your past medical/dental payment history.**
- ❖ Patients with dental insurance **will be responsible for deductibles and co-payments at time of service.** Those patients who have a relationship with an insurance company that pays the patient directly will need to pay for treatment at time of service. Regardless of dental insurance coverage, the patient or guarantor is responsible for the account.
- ❖ As a courtesy to patients, Jack L. Boone, DDS, will file dental insurance. However, Dr. Boone is not a participating provider with any insurance company. The dental insurance is a contract between the employer and the insurance company and the employer and the employee.
- ❖ Options for payment include cash, check, credit card. If a check is returned for any reason, there is a \$25.00 NC bad check charge and a \$5.00 bank charge added to your account.
- ❖ We do not file auto insurance or homeowner's insurance or send bills to an attorney for payment. We do not hold accounts for settlement of accident claims.
- ❖ Any balance over 90 days old is considered delinquent and will be forwarded to *Financial Data Systems*.
- ❖ Those patients whose balances are referred for collection will no longer be seen in our office.
- ❖ Interest will be charged on all accounts over 90 days, as well as those accounts not kept current. A monthly late charge may be added to each account when payments are not received during the month.
*****Interest will be 1.5% or a minimum of 3.00 billing charge.*****



Printed Name

Signature

Date

TURN SHEET OVER

PLEASE SIGN & DATE BOTH SIDES OF FINANCIAL SHEET

Important Dental Insurance Information for Our Patients

Understanding dental insurance coverage can be quite challenging. Our goal is to assist you in maximizing your benefits. We care for patients from many different companies, and each company pays an insurance premium for specific coverage which fits the company budget. Each plan is different in its covered services. It is your responsibility to become familiar with your policy exclusions, deductibles, required co-payments, and any waiting periods.

Our courtesy to you includes:

- ❖ Electronically filing your insurance within 24 hours of your visit and requesting payment of your benefit to our office.
- ❖ Helping you understand your dental insurance plan to advise you of benefits available to you.
- ❖ Re-filing your insurance a second time at 45 days.
- ❖ Following the American Dental Association guidelines for coding procedures and filing insurance.
- ❖ As a courtesy to patients, Jack L. Boone, DDS, will file dental insurance. However, Dr. Boone is not a participating provider with any insurance company. The dental insurance is a contract between the employer and the insurance company, not between Dr. Boone and the insurance company.

Our expectations of you as the owner of the policy:

- ❖ Understanding that payment of fees not covered by your insurance plan are payable at the time the procedure is completed or started.
- ❖ Understanding that the insurance policy belongs to you, and we have no leverage to obtain payment from your insurance company.
- ❖ Those patients who have a relationship with an insurance company that pays the patient directly will need to pay for treatment at time of service. Regardless of dental insurance coverage, the patient or guarantor is responsible for the account.
- ❖ Understanding that dental insurance policies restrict payment for some services, use restricted fee schedules (called Usual and Customary Rates) and exclude some procedures based on prior conditions or length of time on the plan. All restrictions are based on the premium paid for insurance not our fees or recommended treatment.
- ❖ Taking responsibility for payment if the insurance company does not pay our office after 60 days.
- ❖ Keeping our office informed of any changes in your insurance coverage or employment. Failure to do this will result in our asking for payment of the insurance charges immediately.

Thank you for your cooperation with your dental insurance coverage. Please sign the space below and have your insurance card ready for us to copy for your file.

I hereby authorize Dr. Jack L. Boone to release to my insurance company information acquired in the course of my dental care. I hereby authorize benefits to be paid directly to Dr. Jack L. Boone. This also applies to my dependents: _____ . This authorization is in effect until revoked by me.



Signature of Patient/Insured

Date

PLEASE SIGN & DATE BOTH SIDES OF FINANCIAL SHEET