



Insurance and Financial Policy

Family Dental Center requires payment in full for your estimated portion of charges at the time of service. Your estimated portion is based on clinical services rendered and projected payment by your insurance company. In some cases, payment may be required prior to beginning the treatment process.

Your payment portion may be paid by cash, MasterCard, Visa, Discover or personal check. There is a \$30 charge for returned checks. An interest-free extended financing option is available for more extensive treatment plans. We work with CareCredit®, who offers 3, 6, or 12 months interest free lines of credit. They also offer longer terms with an interest bearing revolving charge.

Assignment and Release

I hereby authorize payment directly to Family Dental Center for all insurance benefits otherwise payable to me for services rendered. I understand that I am financially responsible for all charges, whether or not paid by insurance, for all services rendered to me or my dependents. I also understand I am responsible for any collection fees incurred due to non-payment on account.

I authorize Family Dental Center to release the information required to secure the payment of benefits.

Name: Patient/Parent/Guardian _____

Signature: Patient/Parent/Guardian _____ Date _____

FDC Staff Initial/Date ____/____

Family Dental Center Payment for Services

We have prepared this to help you better understand Family Dental Center's policy regarding payment for services and how dental insurance applies to it.

Family Dental Center's policy is that payment is collected at the time services are rendered. Because some individual's have insurance that covers a portion of the cost of treatment, we work with you to estimate the portion your insurance will pay and the portion you owe at the time of service. We will submit a claim to your insurance company for you. It is important that you provide us with all information necessary to file your insurance claim. If issues come up, we may need your help in resolving them. If your insurance company denies your claim or does not pay in a timely manner, you will be responsible for paying your balance in full.

Family Dental Center works hard to provide you with high quality services at a reasonable cost. If you have dental insurance it may help you by paying towards some of the cost of the services provided. Insurance plans vary greatly in how much of the cost of services they will cover. Insurance coverage is determined by the insurance plan that is purchased. It is common for policies to have deductibles and co-insurance requiring you to pay a portion of the cost of care. The level of co-insurance generally varies with the type of service provided. Often insurance will cover a substantial portion of the cost for routine care, while covering a lesser portion of major care.

Family Dental Center estimates what the total cost of care will be and what portion will be paid by insurance. We will not know the exact cost of care until services are completed. We will tell you what portion we estimate will be paid by your insurance and collect the difference from you. If your insurance plan pays a lesser amount than what we estimated, you will be sent a statement for payment of the remaining balance. We appreciate your prompt payment if that occurs.

Working together, we can deliver the care that you need and want in a manner that works best for you.

I have read and understand Family Dental Center's Payment for Services policy:

Name _____
Please Print

Signature _____ Date: _____