

# ANDERSON FAMILY & COSMETIC DENTISTRY

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## FINANCIAL POLICY

It is our policy that your payment is made, *in full*, at the time dental care is provided. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care needed to enjoy optimum dental health, while still respecting your budget.

## DENTAL INSURANCE

Please know that we will do everything possible to see that you receive the full benefits of your policy. This includes filing all necessary forms "free of charge." However, *we cannot guarantee any estimated coverage.*

The American Dental Association finds that dental insurance works most successfully for those patients who take personal responsibility for understanding their insurance coverage. Your level of insurance benefits is determined by the policy your employer has purchased. Your employer pays the insurance company a specific premium, which the insurance company in turn uses to pay for your care. Please understand that your dental carrier can set the limits on any amount paid for any dental procedure based on the contract fees paid by the employer. Some procedures are not a covered benefit or a co-payment may be required. If you feel your coverage is insufficient, you may wish to address this with your employer.

We promise to base your treatment on *your dental care needs*, NOT on your insurance policy coverage. You are the most important person regarding your health. After consulting with us, you ultimately decide whether a treatment is right for you at this time. Therefore, you are *responsible for payment* regardless of your insurance coverage. If for some reason your insurance company has not paid their portion within 60 days from completion of treatment, you are responsible for payment at that time.

## PAYMENT OPTIONS

Without Insurance: We offer a 6% discount if you pay the day of service with Cash or Check. (6% discount does not apply to Bleaching services, Bleaching supplies, Dental products and/or Electric Toothbrushes).

With Insurance: If your restorative services have been Pre-Authorized and your co-pay amount has been determined then your co-pay is expected on the day of service.

We also accept Credit Card payments (MasterCard, Visa, Discover, American Express or CareCredit).

Monthly Payment Plan: For our patients who desire the convenience of monthly payments, the doctors have made arrangements through their bank for our patients to have available to them a variety of options that are suitable for nearly all our patient needs. There are no application fees or down payments. Applications are available from our business staff and approval is provided with a simple phone call.

## LATE CANCELLATIONS/FAILED APPOINTMENTS POLICY

Your visit to our office is important. Failure to notify our office of the cancellation of your appointment 24 hours in advance may result in a \$50 fee. If you fail 2 appointments in a row you may also be charged a failed appointment fee of \$50. If either of these occurs, we will not reschedule an appointment for you until balance is paid in full.

## ACCEPTANCE

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS. I AUTHORIZE MY INSURANCE COMPANY TO PAY MY DENTAL BENEFITS DIRECTLY TO ANDERSON FAMILY & COSMETIC DENTISTRY.

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Patient Name

\_\_\_\_\_  
Signature of Guarantor/Guardian

\_\_\_\_\_  
Date