

**INSURANCE AND FINANCIAL POLICY**

Thank you for choosing our office for your dental needs! At **WESTSHORE DENTISTRY**, we believe that you deserve the best care. We realize that every person’s financial situation is different. For this reason, we have worked very hard to provide a variety of payment options to help you receive the dental care you need. Dental treatment is an excellent investment in an individual’s medical and psychological care. It allows you to enjoy a healthy, beautiful smile with respect to your budget.

To maintain the practice operations and prevent potential misunderstandings, we ask you to accept and adhere to the following insurance and financial policies regarding your dental treatment.

**Initial**

\_\_\_\_\_\_\_ ■ Your dental benefits are based upon a **contract** made between **you, your employer and your insurance company**. If you have any questions regarding your dental benefits, we will do our best to assist you, however, you may want to contact your employer or insurance company directly**. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.**

\_\_\_\_\_\_\_ ■ We currently file various private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service). This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your insurance benefit, we will be happy to file a “pre-treatment authorization” with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment but will give you the exact out of pocket figures you may require.

\_\_\_\_\_\_\_ ■ We will bill your insurance as a courtesy. If insurance does not pay within 90 days, **WESTSHORE DENTISTRY** reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. It is important that you recognize that the insurance you have is a **legal contract between YOU and your insurance company**. Our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

\_\_\_\_\_\_\_ ■ **WESTSHORE DENTISTRY** does require payment in full for your portion at the time of service. We accept MasterCard, Visa, American Express, Discover, cash, and checks. If you are in need of an extended finance option, we also work with CareCredit, who offers 12 month “same as cash” or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit.

\_\_\_\_\_\_\_ ■ **WESTSHORE DENTISTRY** will file your primary insurance plans for you. We do not file any secondary insurances. However, we will be more than happy to provide you with the necessary paperwork for you to file your secondary insurance claim.

\_\_\_\_\_\_\_ ■ Any unpaid balances can and will be sent to a collection agency, which may result in a negative impact on your credit and legal action against you

**I fully understand and agree to comply with the above conditions**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_