



RAN

Office Financial Policies and Payment Options

We are pleased to welcome you to our office. New patients are always appreciated. Our practice has grown because of its excellent relationship with our referring doctors and patients. As our patients, feel free, at any time, to express concerns or to ask any questions that you may have for Dr. Neal or our staff. In order to assist you in making payment for your treatment, the following options are listed. Please read them carefully and feel free to discuss them with us.

Payments

You may make any payment using cash, check, MasterCard, Visa, or Discover

Uninsured patients

If you do not have insurance, payment is due in full at the time treatment is provided.

Insured patients

If you have dental insurance, we will submit your dental claim to your insurance carrier for you. You will be asked to present a current insurance card.

You are responsible, at the appointment time, for any deductible and/or patient portion not covered by your dental insurance.

If the exact amount covered by insurance cannot be determined at the time of your appointment, we request that you pay your deductible and 20-50% of the remaining cost of your treatment. Once our office has received payment from your dental insurance, you will be billed for any amounts still owed or you may fill out a voucher and have the amounts applied to your credit card.

Important information for insured patients

The amount of coverage paid by your dental insurance company may be based on your dental insurance company's own reduced fee schedule for treatment and may be less than the actual charges resulting in lower coverage to you. WE have no control over this situation. Lower payment is a direct result of the plan selected by your employer. Please be advised that we cannot waive patient portion payment. We are required by law to collect your patient portion.

Dental insurance companies are required by law to reimburse this office within 30 days of being billed. Delayed payment may result in your being required to pay the covered portion. We urge you to insist that your dental insurance company make payment in a timely manner.

Special arrangements

Special arrangements may be made for large cases. Please see our Office Administrator.

Financial responsibility acknowledgment

I have read and understand these office policies.

Patient or Parent, if minor, Signature

Today's Date