



Heritage

Family Dental, P.C.

Financial Policy

Our goal is to provide you with the highest quality of dental care possible and to have a clear communication of our financial policy

Payment of fees for services provided at our office are required at the time of your visit.

In addition to cash and check, we accept Discover, VISA, MasterCard, American Express, and Care Credit.

For treatment involving fees of \$500.00 or more, special financial arrangements may be discussed with our financial coordinator.

A pre-determination letter will be submitted to your insurance prior to beginning any crown, bridge, implant, partial, or denture fabrication. We will initiate treatment only after we have received an approval and estimation of fees from your insurance. This process may take up to 4 weeks or more.

- You may opt to initiate treatment BEFORE we receive a pre-determination approval, however you will be responsible for payment of the service in full before we initiate treatment. Any insurance coverage for this procedure will be credited back to the patient upon receipt from your insurance company.
- A pre-determination approval DOES NOT guarantee your insurance will pay for the procedure upon submission after completion of your treatment.
- Any amount not paid by your insurance, is the responsibility of the patient.

For crowns, bridges, implants, and other extensive restorative procedures, 75% of the fees are due on the day of preparation. The remaining 25% of the fees are due prior to delivery of the final product.

For dentures and partials, 50% of the fees are due on the day of final impressions. The remaining 50% of the fees are due prior to delivery of the final product.

Excessive delay in delivery of the final product (multiple missed appointments, cancellations, or re-scheduling) can result in a poorly fitting product. Re-submission to the lab for adjustments due to patient delay in delivery will result in additional lab fees being assessed to the patient's account.

Payment for the use of oral sedation is due in advance to reserve your appointment.

For child patients, the parent requesting and authorizing treatment for the minor is responsible for payment of all fees incurred during the evaluation and treatment of that child.

Because instruments, chairs, and personnel are reserved exclusively for your appointment, there is a \$25 charge for changed or missed appointments with less than 48 hour (2 business days) notice.

Failure to pay your patient fees and keep your account current can result in termination of the Doctor-Patient relationship and dismissal from the practice.

Patient (Parent or Legal Guardian) Signature

Date