

Financial Policy

The following is a statement of our financial policy. We ask that you to read and sign prior to treatment.

We will accept all dental benefits. **We require your co-insurance and deductible to be paid in full at the time of your visit.** The balance is your responsibility. As a courtesy to you, we will process your claims, without an additional fee. It is your responsibility to inform us of any changes in your benefit coverage. Your dental benefits are a contract between you and your employer's choice of a benefit company. Please note, that we are not a party in the contract. Also be aware that although we will verify your coverage, some and perhaps all, of the services provided may not be covered under your policy. We will *estimate* your co-insurance based on the information obtained from your benefit company. Often times what is quoted by your benefit company is not what is actually paid.

All accounts are due in full when services are rendered. To accommodate you, we accept cash, personal checks, and all major credit cards. For extensive treatment plans, we offer payment plans with credit approval. **As a courtesy to expedite service and to reconcile past due accounts, we keep a credit card number and signature on file for you. Please mark the option(s) most convenient for you to settle your account, in full, in the event your account is past due 60 days.**

Visa	Card # _____	Exp. Date: _____
M/C	Card # _____	Exp. Date: _____
AMEX	Card # _____	Exp. Date: _____
Discover	Card # _____	Exp. Date: _____

I, _____, hereby authorize Christopher A. Stanosheck, D.D.S, P.C. to process payments as deemed necessary to settle my account in full.

In the event that you are unable to provide us with a valid credit card to keep on file we require a deposit of \$100. This deposit will be held until your insurance claim is finalized. Dental insurance companies **do not** intend for their plans to cover all expenses. Their plans only serve as an aid toward acquiring better care. Many dental plans tell their insured that they will cover 100% of fees. In spite of what you are told, most dentists find that the majority of plans cover about 30%-40% of an average fee. Some pay more-some pay less. The amount your plan pays is determined by how much your employer paid for the plan.

Returned checks and balances older than 30 days may be subject to fees and a 1.33% monthly finance charge. An additional fee of \$125.00 will be incurred for any missed appointments, or failure to notify our office within 24 hours of a cancellation.

Thank you for taking this time to read and understand our financial policy. We are committed to providing exceptional treatment for our patients. Please let us know if you have any questions regarding this policy.

I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Responsible Party

Date