



Heringer Dentistry Financial Policy

Insurance

- The Patient or responsible party will be responsible for paying any deductible and estimated out of pocket the **day of treatment**.
- As a courtesy to our patients, we will submit your treatment to your insurance carrier. We will estimate your portion of treatment based on your dental benefit breakdown and we will make every effort to come as close as possible to your actual out of pocket fee.
- We provide insurance benefit breakdown's as a courtesy to our patients; however it is your responsibility, as the patient, to maintain a good relationship with your insurance carrier. Having a clear understanding of your dental benefits (provided by your employer or insurance company) will ensure you're aware of your out of pocket expenses. *PLEASE be aware that any estimate our office may provide to you regarding your insurance benefits is made in an effort to inform, not imply a guarantee of payment by your dental insurance and you are ultimately responsible for all treatment fees incurred.
- If the insurance company pays benefits directly to you, payment will be due in full at the time of service.

Patients without insurance

- 100% of payment is due at the time of service.
- We offer Care Credit & Lending Club (upon credit approval), a healthcare line of credit. You may apply online or by phone. Please ask for an application or go online at www.carecredit.com, and or www.lendingclub.com/dental

Missed Appointments

- A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointment. If you must change your appointment we require a 48 hour notice.
- We place value on your dental health and we want you to understand that it suffers when appointments are routinely missed. We consider 2 missed appointments without proper notice will be considered for termination of our relationship.

Outstanding Balances

- Please be advised there will be finance charge of 1.5% per month (18% annually) to accounts with a balance due after 60 days.
- Statements are mailed once insurance pays their portion.
- Once your account is 90 days past due, and no financial arrangements have been made with our office we reserve the right to begin the collections process.

YOUR DEDUCTIBLE AND ESTIMATED OUT OF POCKET EXPENSES ARE DUE THE DAY OF TREATMENT.

I understand any treatment completed will be submitted to insurance, if applicable and any balance remaining is my responsibility as the patient. In the unlikely event I default on this agreement and a collection agency becomes involved, I understand I am responsible for any collection costs incurred in addition to my outstanding balance.

Print Name of Patient

Signature or Patient, Guardian or Responsible Party

Date