



# FAIRMOUNT DENTAL

Rev. 7/2024

## Our Financial Policy

### **Payment for services rendered is due at the time of service.**

Cash, check or credit cards such as Visa, Discover, MasterCard or American Express are accepted. We also accept Care Credit.

Cash payments for services totaling over \$500.00 are eligible for a 5% accounting discount. This is only applicable if the bill is paid in full, with a cash or check, the day of service. This courtesy does not apply when we are billing insurance.

### **IMPORTANT NOTE REGARDING DENTAL INSURANCE**

**YOU are the guarantor of your account, not your insurance company.** Dental insurance is an adjunct to your financial relationship with our practice. We will collect ESTIMATED CO-PAYS at time of service with the exceptions of your INITIAL VISIT, and for exams for patients of other practices, which will be collected in full, and subsequently billed to your insurance.

Often, insurance companies underestimate what your portion will be, or do not pay what was expected based on your plan information. There may be a balance due AFTER insurance pays, in spite of the estimate provided by your insurance company. **PLEASE BE AWARE - YOU WILL RECIEVE A BILL for this balance if the amount paid by your insurance does not cover the total fee for your service(s).**

In the event that insurance pays more than was estimated, a credit will be placed on your account. We can place the credit toward a future visit, or reimburse you via check. Sometimes, the credit must be paid back to your insurance company upon their request.

If your insurance company reimburses **you** directly, we will collect in full at time of service for services rendered.

We file claims to your insurance as a courtesy to you. If a claim is denied, or delayed, the overdue balance is billable to you. At this point, you may contact your insurance company to be reimbursed directly, but we will not file claims for procedures that have been completed over 30 days..

Debt that is unpaid 30 days after the date of service will be considered delinquent. Accounts that are over 90 days late may be referred to a collection agency. THIS POLICY ALSO APPLIES TO INSURANCE CLAIMS. Claims that are unpaid after 90 days will be billed to you. If your insurance pays after 90 days, your initial payment will be credited to your account, or disbursed to you via check.

Failure to comply with this policy will result in dismissal from the practice.

Thank you for your understanding.

**“I acknowledge that I am solely responsible for my account with Fairmount Dental and will abide by this policy”**

x \_\_\_\_\_

DATE: \_\_\_\_\_