Comfort Family Dentistry
Financial Policy

It is our goal to provide and maintain a good dentist-patient relationship. We are committed to delivering prompt, accessible, high quality dental care to our patients. All patients are responsible for providing accurate and current personal information. Payment is expected on the day of service unless prior arrangements have been made with us. This policy is designed to make our financial relationship clear to our patients. Please read this information carefully. If you have any questions please don't hesitate to ask a member of our staff.

1. When you arrive at our office please check in at the front desk. You will be expected to update all your information with us at that time. This will include any changes in address, phone number, employer and insurance information. If the information given is not correct, you may be responsible for full payment of your treatment.
2. As a service to you, we file your insurance forms and keep you advised of the payment. If the information we are provided is not correct, this will result in rejection by your insurance company for your claim. Please be aware of your insurance policy and read it to be sure you are fully aware of any limitations of your benefits. It is your responsibility to know your insurance plan benefits.
3. All insurance companies do not pay at the same rate. According to your insurance plan you are responsible for any and all co-payments, deductibles and coinsurance charges. We estimate your portion to the best of our abilities from the information given by your insurance company. This portion may not be exact, there may be additional charges not estimated depending on your insurance policy.
4. Co-payments are due at the time of service. If you do not have dental insurance, payment is due in full unless prior arrangements have been made with us. Please understand that we are not equipped nor trained to be a bank. Should any treatment costs be greater than you can pay at the time of service, we will be happy to arrange financing for you.
5. If financial arrangements have been made we expect balance to be paid within 3 months. The only exception is patients that need financing for Invisalign braces. Any account balances not paid after three months, will be subject to a finance charge. Any account balances that have been ignored for 6 months, will be turned over to a collection agency. You also agree to reimburse us the $25 processing fee that will be added to any accounts sent out to the collection agency.
6. Our office accepts cash, checks MasterCard, Visa, Discover and Care Credit. If you wish to be billed at the end of the month, any of the charge card services will provide this service to you.
7. For children of divorced parents, our office cannot get involved in custody or child support issues. The parent that brings the child to his/her dental appointment will be responsible for the payment of their bill. Our office will be happy to submit any insurance claims or documentation needed.
8. A $30 fee will be charged for any checks returned for insufficient funds, plus any bank fees incurred.
9. For patients who wish to have their records transferred, a $25 fee may apply. Records will not be transferred if patient has an existing account balance.
10. Our office has a 24 hour cancellation policy for weekday appointments. A 48 hour cancellation policy is in effect for Saturday appointments. A $50 charge may be assessed for appointments canceled without proper notice.

I have read and understand this financial policy. I agree to comply and accept the responsibility for any payment that is due outlined in these documents.

Patient Name_____

_____ _____
Responsible party member's name Relationship

_____ _____
Responsible party member's signature Date