

Financial policy

We are privileged you have chosen us as your dental care provider. We are committed to providing you and your family with quality patient care. The following is a statement of our Financial Policy, which you need to understand prior to treatment. If you have any questions, please feel free to ask.

Full payment is due at the time of service. Any outstanding balances are due prior to additional services. We accept cash, checks, and most major credit cards. There will be a \$35.00 fee on all returned checks. We reserve the right to charge for appointments canceled or broken without 24 hours advance notice.

Regarding insurance

Your insurance policy is a contract between you and your insurance company. We have no control over their decisions and the amount they decide to pay. However, as a courtesy to our patients, we will file your primary insurance claims for you.

Before treatment, we will verify your coverage and calculate your deductible and co payments as accurately as possible. Please understand that all treatment plans given are only an estimate based on the information your insurance company provides. All deductibles and co payments are due the day the treatment is rendered.

Please be aware that your insurance company does not guarantee payment over the phone. We will not know the exact amount they will pay until they respond to the claim.

REGARDLESS OF WHAT YOUR INSURANCE COMPANY PAYS, YOU REMAIN FULLY RESPONSIBLE FOR PAYMENT OF YOUR BILL.

Once a payment is received on your claim, we will send you a bill of any remaining balance on your account.

At our discretion, any unpaid balance after 90 days will be sent to collections at which the patient is responsible for any fees associated with the collection for the balance.

As a courtesy to our patients, Ideal Dental keeps a credit / debit card authorization on file for each patient visit and will charge the card for any balance not paid by your insurance for that visit only. Ideal Dental

will also automatically refund your card if there are any amounts owed to you. If you have provided us your email address, you will receive an email with the receipt for any charge or refund. If your visit has a \$0 balance, then there will be no further charge or refund.

The security of your personal information is very important to us, which is why your credit / debit card data is stored securely by Rectangle Health in a PCI DSS compliant credit card system, as required by VISA, MasterCard, American Express, and Discover. Ideal Dental's clinic staff do not have access to your credit card information, and the data is not stored on any Ideal Dental computer system.

Payment Authorization

I authorize Ideal Dental to charge my credit / debit card for any outstanding patient responsibility balances that remain after insurance reimbursements have been applied for authorized medical services received at Ideal Dental. I also authorize Ideal Dental to issue a refund to the same credit / debit card if there is a balance due to me. I understand that I will be billed directly by, and agree to pay, Ideal Dental for any outstanding balances should my credit / debit card be declined or canceled. I also agree to reimburse Ideal Dental the fees of any collection agency, which may be up to 40% of the balance owed, along with all costs and expenses, including reasonable attorneys' fees, if incurred in such collection efforts. If my account is sent to collections, such fees will be assessed by the collection agency on behalf of Ideal Dental. Similarly, I understand that I may be responsible for my balance due to any charge back, reversal, or dispute as a result of my credit card company's or bank's refusal to remit payment to Ideal Dental.

I have read and understand the above Financial Policy. By signing below, I acknowledge responsibility and agree to the terms above.

Patient Name

Signature

Date