

ROGERS FAMILY DENTISTRY
FINANCIAL POLICY

We would like to thank you for choosing Rogers Family Dentistry as your dental care provider. Our goal is to have you as a lifelong patient; therefore, we are committed to the success of your treatment. The following is a statement of our Financial Policy, which we require you to read, understand and sign prior to initial treatment.

All patients must complete our Information and Insurance form before receiving any treatment from our staff.

- **FULL PAYMENT IS DUE AT THE TIME OF SERVICE**
- **WE ACCEPT CASH, CHECKS or VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS**
- **WE OFFER EXTENDED AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL (ask for details).**

The type of insurance policy you carry is a contract between you and your insurance company, not Rogers Family Dentistry. We cannot bill your insurance company unless you give us your updated insurance information and/or original claim form. In the event we do accept assignment of benefits, **we require that you pay your portion of the bill at the time of service.** If your insurance company has not paid your account in full within 90 days, the balance will be your responsibility. Please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under dental insurance.

All co-pays and deductibles are due at the time of service, including cases where we are a participating provider. If you fail to pay your portion at the time of service, we will be unable to schedule any follow up appointments.

Appointments

If you require an appointment this is going to be an hour or more, we require that you pay upfront \$100 to reserve the appointment time. If the estimated amount you will owe for the procedure is less than \$100, we will collect that estimated amount to reserve the appointment time.

Usual and Customary Rates:

Our practice is committed to providing the best treatment to our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult Patients

From an insurance standpoint, adult patients are individuals ranging from 12-18 years old, depending on your particular insurance plan. Our office uses 14 and above as criteria for adult patients.

Minor Patients

The parent or guardian accompanying a minor is responsible for full payment at the time of service. We do not treat minors without a parent or legal guardian present. If for some reason you cannot accompany your child, please make arrangements in advance. For unaccompanied minors, non-emergency treatment will be denied.

Missed Appointments

You will be charged a \$50 cancellation fee for any appointment that is not cancelled 24 hours before the scheduled appointment time.

Collections

If, after 90 days, you have failed to pay your balance and we resort to sending your account to a collection agency, all fees and charges assessed by the collection agency and bank will be added to your balance. Your balance will accrue a finance charge of 1.5% per month (18% per year) after 90 days.

Returned Checks

Your account will be assessed a \$35 returned check fee in the event any check is returned unpaid for any reason.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read and agree to Rogers Family Dentistry Financial Policy:

Signature of Patient or Responsible Party

Date