

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 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**
- **WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL (ask for details).**

Insurance:

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 an 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 may assess a \$3.00 billing fee to your account.

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 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 unless payment can be made at the time of service.

Missed Appointments:

You will be charged a \$25 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 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 \$29 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:

X _____
Signature of Patient or Responsible Party

Date _____

X _____
Signature of Patient or Responsible Party

Date _____