

Office Financial Policy for Bright Smiles of Winter Haven

Financial Agreements & Insurance Explanations

We are committed to providing you with the utmost in care and professionalism. If you have dental insurance, we are willing to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

Payment for service is due at the time services are rendered, unless payment arrangements have been approved in advance by our office administrator. We accept all major credit cards, cash and checks. Financial plans are also available through care credit. We will be happy to process your insurance claim form at no cost. Your deductible, service percentage and any difference in your insurance fee schedule is due at the time service is rendered. We will verify all insurance coverage benefits such as percentage of coverage, deductible, annual maximum, and schedule of benefits, along with policy number, name address and phone number of the insurance company. Please understand we are calculating percentages to the best of our ability based on information given by your insurance company. Occasionally discrepancies may occur, over which we have no control.

- **Office Responsibilities**

1. Complete a complete verification of insurance
2. Complete insurance claims and submit them to your carrier for you within 24 hours of treatment.
3. Use current ADA codes for correct reporting of procedures.
4. Accept Direct payment from your carrier and keep track of balances.
5. If necessary, re-file your insurance a second time within a 60-day period

- **Patient Responsibilities**

1. To Pay fees not covered by my plan at a time of service.
2. To provide the office with necessary information concerning my insurance coverage to allow correct filing of claims.
3. Understand that my plan is a contract between myself and my insurance carrier.
4. Be aware that the dentist does not have the power to make my plan pay.
5. To pay any account balance if not paid by insurance after TWO billing attempts.

You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 35% of the debt, and all cost and expenses, including reasonable attorney fees, we incur in such collection efforts for all unpaid balances over 90 days. Returned checks will incur a \$25 fee. Any Broken, confirmed or cancelled appointments without TWO business days' notice will be charged a \$30 fee.

I have read and understood the responsibilities of Bright Smiles of Winter Haven, as well as my responsibilities as a patient.

X

Signature

X

Date