

Dental Arts of Bedford Financial Policy

Thank you for selecting us as your Dental Health care providers. Our goal is to provide you and your family with exceptional care. We want you to feel welcome and comfortable through every visit to the office. We encourage you to ask questions and to be involved in your treatment decisions. This includes understanding your treatment plan as well as our financial policy. This form *MUST* be signed in order to proceed with your reserved appointment time.

Financial Agreement:

Payment for services rendered is due at the time of service. This will apply to self-pay patients and patients utilizing an insurance benefit. Payments may be made using cash, check, Visa, Master card, Discover, American Express and Paypal. We also offer Care Credit and Springstone with up to 24 months of 0% interest term loans with no down payment, no annual fee and no prepayment penalty!

NOTE: Any additional procedure NOT included in the original treatment will be the patient's financial responsibility.

NO SHOW/SAME DAY CANCELLATION APPOINTMENTS OR CANCELLATION LESS THEN 48 HOURS ARE SUBJECT TO A \$75 RE-APPOINTMENT FEE AND MUST BE PAID TO RE-BOOK. IF YOUR RESERVED TIME IS MORE THAN 1.5 HOURS, THIS WILL BE SUBJECT TO A \$100 RE-APPOINTMENT FEE. Individual circumstances may be discussed with the office manager/Dentist.

Insurance Information:

As a courtesy, we will submit claims to your insurance company. We will help you to receive your maximum benefit but to do so we need your insurance card/information every 6 months and/or when insurance information changes. All of our Doctors will diagnose treatment based upon your dental health and not your insurance coverage. If the insurance downgrades a procedure or denies it, patient is responsible for the full cost of the service.

NOTE: Patient/Subscriber is expected to know their insurance benefits. By us verifying your coverage it is not a guarantee of payment.

If your insurance has not paid within 60 days of services rendered, you will need to pay Dental Arts of Bedford in full. We will provide you with all the necessary information to get reimbursed from your insurance company.

Please indicate your understanding and acceptance of these financial policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the financial policy also shall cover your dependent children who are patients of Dental Arts of Bedford.

Patient's Name (Please Print)

Patient's Signature

Date