



INSURANCE AND FINANCIAL POLICY:

At [Dental Image](#) we believe that you deserve the best care. That's why we always present you with the best dental solution possible to treat your personal situation. Some have dental benefits, some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know.

Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits please contact your employer or insurance company directly. Dental benefit plans will never pay for completion of your dental care. It is only meant to assist you.

We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service). This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment but will give you exact out of pocket figures you may require.

We will bill your insurance as a courtesy. If insurance does not pay within 90 days, [Dental Image](#) reserves the right to request payment in full for services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between you and your insurance company. Our office is not, and cannot be a part of the legal contract.

Ultimately, you are responsible for all charges incurred in our office. Please note: If we should need to seek legal help or the help of a collection agency to collect on your account you will be responsible for the charges incurred to us for these services.

[Dental Image](#) does require payment in full for your portion at the time of service. We accept Master Card, Visa, Discover, cash and checks. If you are in need of an extended finance option, we also work with CareCredit, who offers 3, 6, or 12 months "same as cash" or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit.

A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least [24 hours notice](#). **A charge of \$25.00 will be applied to all appointments in which we are not given proper notice.**

[I agree with the above conditions.](#)



Acknowledgement of receipt of notice of privacy practices:

I, _____, have received a copy of this office's Notice of Privacy Practices.

Please Print Name

Signature

Date

For Office Use Only:

- Individual refuses to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (please specify)