

Financial Policy

Instructions: Please read this agreement carefully and be sure to ask any questions pertaining to this policy prior to signing electronically at the reception desk.

- I understand that I am expected to pay Cedar Bluff Family and Cosmetic Dentistry for all dental services provided at the time, or before the time that services are rendered unless otherwise instructed.
- I understand that the agreement for payment of services rendered by Cedar Bluff Dentistry is an agreement between myself and Cedar Bluff Dentistry and NOT between my insurance company and Cedar Bluff Dentistry. Responsibility for payment of services belongs to me.
- I understand that the options available to pay for these services include: cash, Visa or Mastercard or with prior approval- Care Credit. **Cedar Bluff Dentistry is unable to accept personal checks as a form of payment due to the inability to verify checks at the time of payment.**
- I understand that if I pay IN FULL using cash at or before the time services are rendered, I will receive a 5% discount.
- I understand that my dental “insurance” coverage is more accurately described as a dental health benefit; it is a negotiated set of benefits between my employer/myself and my insurance company. As thus, Cedar bluff Dentistry has no control over my coverage levels and any questions concerning coverage levels ultimately need to be handled with your insurance company.
- I understand that Cedar Bluff Dentistry will file my services with my insurance company. Further, we will try to accurately inform you prior to completion of treatment what your out of pocket expense will be. However; estimations are not a guarantee of payment, and the final responsibility for payment of all services rendered is that of the patient. As a courtesy, we expect only your estimated portion (the amount NOT expected to be covered by insurance) at the time services are rendered.
- I understand that my insurance company may set benefit levels according to a fee schedule that does not match the fee schedule of Cedar Bluff Family and Cosmetic Dentistry. Our practice sets a fee schedule based upon the valuation of the high level of time and care devoted by its dental providers in each service. I thus

understand that I am expected to pay at the fee schedule of Cedar Bluff Family and Cosmetic Dentistry, and not that of my benefits plan. Thus, if my benefit level claims to be at 100%, yet its fee schedule are less than that of Cedar Bluff Family and Cosmetic Dentistry, I am responsible for the difference.

- I understand that Cedar Bluff Family and Cosmetic Dentistry may change its fees at any time, however; these changes will not affect any procedures which have officially been started.
- After 90 days any outstanding balance on accounts will automatically be turned over to a third party collections agency. **The patient, or guarantor, will be responsible not only for their balance; but will also be charged an additional 15% finance charge for their delinquent account.** As you know, our practice is small and we must ask to be paid on time for our expenditures -- we've already paid for the supplies used in your treatment and for the staff who assist in providing care. Please avoid this situation by making appropriate arrangements with our office ahead of time to keep your account current.

Please sign below to acknowledge this policy:

Patient Signature: _____