



### **Office Financial Policy**

Thank you for choosing us as your health care provider. We are committed to your treatment being a successful and pleasant experience. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our FINANCIAL POLICY, which we require you to read and sign before any treatment.

- All patients must complete our **INFORMATION AND INSURANCE FORM** before seeing the doctor.
- Verification of benefits must be done prior to treatment if we are to bill you insurance carrier as a professional courtesy.
- Patients without insurance **MUST** pay balance in full at time of service **UNLESS** financial arrangements are made in advance.
- For comprehensive treatment plans requiring multiple office visits, Needham Dental requires a minimum 60% Deposit of the total estimated patient portion of the fees at the start of treatment.
- All patients with insurance are expected to pay their co-payments and co-insurance amounts assigned by their insurance carrier at the time services are rendered.

**We accept cash, personal check, money order, Visa, MasterCard, Care Credit, and debit cards.**

### **Regarding Insurance:**

- We may accept assignment of benefits upon confirmation of insurance.
- NOTE: The balance is your responsibility whether your insurance company pays or not. We can not bill your insurance company unless you give us the correct information.
- Your insurance policy is a contract between **YOU** and **YOUR INSURANCE COMPANY**. We are not a part of that contract. If your insurance company does not make payment on your account within 60 days, the unpaid balance will automatically be transferred to you. (Please be aware that some, and perhaps all of these services provided may be non-covered services and not considered reasonable and necessary under some insurance plans).
- Regarding insurance plans where we are a participating provider, all co-pays and deductibles are due on date of treatment.
- **Delinquent account(s) may be forwarded to a collection company and may be subjected to collection fees or attorney's fees.**

### **Usual and Customary Rates:**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary. YOU are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**ANY BALANCE OVER 30 DAYS IS SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH, up to a maximum allowed by law.**

**ADULT PATIENTS:** Adult patients are responsible for full payment at time of service.

**MINOR PATIENTS:** The adult accompanying the minor and the parent(s) or guardians are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to a credit card: or a prepayment of cash or money order at the time services have been made.

**MISSED APPOINTMENTS:** Unless cancelled, at least **48 hours** in advance, our policy is to charge your account a minimum of \$100.00 for missed appointments with the hygienist and \$150.00 for missed appointments with Dr. Kapoor.

**Thank you for understanding our financial policy.  
Please let us know if you have any questions or concerns.**