

## **BEYOND DENTISTRY'S FINANCIAL & INSURANCE POLICIES**

Thank you for choosing Beyond Dentistry to be your dental care provider, we look forward to offering you and your family the best dental care available. The following is our financial policy that we expect all patients to review prior to any treatment being received:

Prior to the start of any services, we will inform you of your treatment options and financial options as requested. This will help you understand your treatment, what to anticipate in fees, and allow you time to make financial arrangements.

In general, you understand and acknowledge the following:

- Full payment is due at the time of service, unless by previous arrangement. For your convenience, we accept payment in the form of cash, check, credit card, or one of our financing options such as an in-house payment plan (if arranged prior to the date of service).
- Any estimate given to you about the cost of your treatment is not a guarantee, as conditions may change during the course of treatment. In the event of a large change in expected cost, the provider will inform you as soon as can reasonably be determined so that you may choose which option is right for you.

**For Patients With Insurance:**

As a courtesy, Beyond Dentistry will submit your claim to your insurance company on your behalf. You authorize your insurance company to pay your benefits directly to you as reimbursement. Furthermore, you understand and acknowledge the following:

- You are fully responsible for any outstanding balance on your account
- Any balance that is not covered by insurance (e.g. co-pay, out of pocket cost, my portion) is due on the date that service is rendered, unless by previous arrangement
- Any estimate of your out of pocket costs, including but not limited to "pre-determinations", "prior authorizations", etc. , is not guaranteed, as treatment can change during the course of treatment and it is impossible for the office to know the exact details of your insurance benefits, as they range widely from carrier to carrier and policy to policy
- It is your responsibility to be aware of your individual policy limitations and requirements

Furthermore, you also understand that if your insurance company sends payment to Beyond Dentistry, we will make all attempts to forward the payment to you within 48 hours or we will add the credit to your account if that is not possible for any reason. If payment is not received by either you or your insurance company and the office is forced to proceed with the collections process, you will be responsible for any and all costs incurred by the office to retrieve payment for treatment rendered.

By signing this form, I acknowledge that I have read, understand, and agree to the terms and conditions of this financial agreement.

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Patient/Parent/Guardian/ Financially Responsible Party Signature

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Date