



Financial plan

In accordance with our practice mission statement providing quality dentistry in a professional, understanding, caring and fun atmosphere, we have developed the following financial plan.

Forms Of Payment And Balance Due

In order to provide the very best dental overall health care possible, you may choose any of the following: cash, personal check, Visa, MasterCard, Discover, American Express, and Care Credit.

For any courtesies or discounts, payment is due in full on the day services are rendered.

Insurance

We accept all dental insurances. We are not a provider for any insurance company. Any outstanding balance after insurance payment is due by the patient immediately.

As a courtesy, it is our pleasure to assist you in maximizing your insurance benefit by completing your claim forms and filing the claim. We will file for all preventive treatment at the time services are rendered and bill for any remaining cost. Payments for any treatment \$400.00 or less is still greatly appreciated and will continue to help keep our cost down to for all patients. We will collect an estimated 50% for all other procedures on the day services are rendered. *For cosmetics, implant procedures, adult fluoride, Vizilite, and Arestin, we will collect on the day services are rendered.* Please understand that this is **only an estimate**, we are unable to guarantee any payments from your insurance company. This estimate is based upon the information available to us and our experience. **Delta Dental Insurance Company only pays the subscriber. We will file all claims. We do ask that you pay in full for all dental appointments. Your insurance company should reimburse in one to two weeks.**

The financial obligation for all dental treatment is between you and our office. We will assist you in any way that we can in filing your claims, however, your insurance coverage is a contract between you and - your insurance company. Please understand we are not privy to all insurance information. We will ask that you contact your insurance company about any outstanding claims. Once your insurance carrier has paid the claim, any difference will be due upon receipt of our statement. If, for any reason, we have not received your insurance carrier's payment 60 days after the claim has been submitted the remaining balance will be due and payable by you. If the balance is carried forward, it will be subject to 18% APR. If my (patient) account should become delinquent (90days), I will be responsible for all cost of collections including, collection agency fees, attorney fees, and court cost

24 Hour Notice

As of February 1, 2011, Team Green dentistry may charge at \$40 fee for short notice cancellations or appointments. Our office requests for 24 hour notice for cancellation of reserve appointments.

Patient or responsible party: _____ Date: _____

TGD Witness: _____ Date: _____