



## **CHESTNUT DENTAL-PAYMENT AND FINANCES**

### **Dental Benefits/Insurance and Fees**

Our office is committed to helping you maximize your insurance benefits. If you have dental insurance, we will be happy to file your claim for you, but your estimated co-payment will be due at each appointment. Please bring your current dental insurance card to each visit, as we cannot bill your insurance unless you provide us with ALL of the required information.

Please familiarize yourself with your dental insurance benefits. Your insurance policy is a contract between you and your insurance company, and we are not a party to that contract. Your dental insurance benefits are not determined by our office. Dental insurance, unlike medical insurance, rarely pays 100% of dental fees. Most dental insurance benefits pay only a partial percentage of the total fees and/or have an annual dollar maximum. If you have questions regarding your dental insurance benefits, we recommend you contact your dental insurance carrier directly prior to your visit; we are also happy to help you to understand your policy if you have questions.

If you do not have dental insurance, payment for services is due at time of treatment.

### **Usual and Customary Rates**

Chestnut Dental is a multi-specialty practice, and we are committed to providing the best treatment for our patients. Our fees are very competitive with other specialty practices in our area. However, each insurance company sets their specific usual and customary rates (UCR), which may be different than our fees. There may be a difference between your insurance company's UCR and our fees. Please be aware there are cases where you may be responsible for that difference.

### **Finance Charges**

Unless prior arrangements have been made, balances older than 45 days (from date of service) will be subject to a 1.5% interest charge per month. Balances older than 90 days will be turned over to a collection agency.

### **Missed Appointments and Late Cancellations**

Your scheduled appointment time has been reserved specifically for you. We request 24-hours notice if you need to cancel your appointment. There is a late fee for appointments with less than 24 hours notice. We are aware unforeseen events sometimes require missing an appointment and will be addressed accordingly. Excessive cancellations and missed appointments may result in termination of our treatment agreement.

We value you as our patient and want to maintain a positive relationship. Please let us know if you have any questions regarding our payment policy.

**WE ACCEPT CASH, CHECKS, VISA, MC, AMERICAN EXPRESS, and FSA CARDS.**

**WE ALSO OFFER PAYMENT OPTIONS THROUGH A THIRD PARTY FINANCE COMPANY (ORTHOBANC), ALLOWING YOU TO FINANCE YOUR BALANCES OVER A PERIOD OF TIME, INTEREST FREE. PLEASE ASK IF INTERESTED**

I HAVE REVIEWED THE AFOREMENTIONED POLICIES OF CHESTNUT DENTAL, AND I AGREE TO BE RESPONSIBLE FOR ALL DENTAL SERVICE CHARGES NOT COVERED BY MY DENTAL INSAURANCE BENEFITS.

Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guardian Name (please print) \_\_\_\_\_