Countrywide Smiles - FINANCIAL POLICY

Thank you for choosing our practice to provide your dental needs. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our financial policy, which we require you to read and sign prior to treatment.
Payment is due in full at the time of service. Our practice does not accept monthly payments. We accept cash, checks, and all major credit and debit cards. We have financing available through Care Credit Healthcare financing and a Dental Discount Plan for those who do not have insurance

TREATMENT ESTIMATES

Fees are estimates only, and are valid for 3 months from the time treatment is presented. Treatment can be altered if your dental needs change. You will be notified of any changes. You will always be given a treatment estimate for future appointments.

- We are required by law to inform you of your dental condition. Our goal is to educate patients about the treatment they need and help them achieve optimum oral health. We recommend dental treatment based on necessity not based on what your insurance company may or may not cover. Once we provide you with this information, it is then your decision to accept or deny treatment.

INSURANCE

- Our practice collects a standard amount before procedures are performed, this amount DOES NOT reflect what your insurance will pay, but instead what we prefer to collect at the time of service. We may call to verify your insurance, but we do not get detailed policy information such as waiting periods, limitations, or special clauses.
- Please read your dental insurance policy carefully, it is your responsibility to be aware of your plan benefits as well as its limitations.
- Our office is unable to wait past 60 days for insurance claims to be paid. If your claim takes longer than 60 days to be processed, you will be asked to pay that portion and seek reimbursement from your insurance.
- If your insurance pays more than expected, you will be reimbursed immediately. If a balance remains after insurance pays, you will receive a statement and payment is due in full within 30 days.
- Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible to pay the difference between our fee and what your insurance company determines to be "usual and customary" rate.

OUR COLLECTION PERCENTAGES FOR THOSE WITH INSURANCE ARE AS FOLLOWS:

Preventative Services- 0%
Routine Cleanings, exams, x-rays, fluoride treatments will be billed to the insurance, any balance remaining after your insurance pays is due in full immediately. ****Full mouth series and panoramic x-rays are often not paid at 100%. These important x-rays are necessary on your first visit and every 3-5 years thereafter.

Basic Services- 35% Plus deductible
Fillings, extractions, root canal therapy, periodontal treatment and other basic services will require payment of 35% plus your deductible at time of service.

Major Services - 50% Plus Deductible
Crowns, bridges, veneers, partial and complete dentures, implant crowns/placement and all other major services will require payment of 50%.plus your deductible and any amount over your yearly maximum to be paid at time of service.

Any treatment totaling over $3000 will be collected in full, and you will be reimbursed when the insurance pays.

MINOR PATIENTS

No minor will be seen in our office without a parent or guardian present. The parent accompanying the minor child is responsible for payment. In the case of divorce, regardless of decree, the parent who brings the child and has signed the financial agreements is responsible to pay for the child's services.

I understand this financial policy and that I am responsible to pay all fees associated with my treatment and that estimates given to me are ONLY ESTIMATES and I am still responsible for any balance not covered by my insurance company.

Patient (PARENT) Signature Date