

Financial Policy

Patient Name: _____

Tell us about your dental insurance:

_____ I do not have dental insurance

_____ I have dental insurance through my/my spouse's employer, **and** I have my information with me today.

Tell us about your preferred method of payment:

_____ Cash/Check

_____ Debit or Credit Card (Visa, MasterCard, Discover, or American Express)

_____ Health Savings Account through my employer

_____ Existing Care Credit (six months interest free)

_____ I would like to apply for Care Credit (six months interest free upon credit approval)

Patients with Insurance

- **The patient and/or legal guardian are responsible for paying all deductibles and estimated co-pays the day of service *before* the service/treatment is rendered.**
- Although we may **estimate** what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and payable benefits. Please keep in mind dental insurance is not designed to provide 100% benefit but rather it is meant to assist you with the cost of dental care.
- As a courtesy to our patients, we electronically bill your insurance company. Please allow **4-6 weeks** for claim processing. As the patient and/or responsible party, you are responsible for the remaining account balance after insurance processes the claim. *Any services benefited by insurance, after insurance has paid, will be refunded back in the form of a check to the insurance subscriber.*
- If your insurance company requires a **referral or preauthorization** or you would like to know your exact insurance benefits, you are responsible for notifying Alex E. Ivanoff, DDS **PRIOR** to any dental treatment being performed. This does delay treatment but will give you the exact out-of-pocket expenses you may require. Failure to obtain this information may result in limited payment or **NO** payment from the insurance company.

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Outstanding Balances

- A 1.5% monthly (18% annually) finance charge will be imposed for balances due over 30 days.
- A \$50 returned check fee will be imposed for insufficient funds if remaining account balance is paid with check.
- In the event of default on your account, Alex E. Ivanoff, DDS reserves the right to refer your account to a collections agency. Appropriately, the patient and/or responsible party will be responsible for all collection costs and legal fees that incur during the collections process.

Missed Appointments

- A \$50 fee may be added to your account for each appointment canceled *without* 24 hours' notice and missed appointments.

By signing this form, I as the patient and/or responsible party, agree to Alex E. Ivanoff, DDS' financial policy as stated above.

Patient/Legal Guardian Signature

Patient/Legal Guardian Printed Name

Date