

Our Financial Policy

Rowan Family Dentistry

Thank you for choosing us as your dental health care provider. **Our main concern is that you receive the proper and optimal treatments needed to improve and maintain your oral health.** To avoid any possible misunderstandings regarding payments for services rendered, we are providing you with this statement of our financial policy. If you have any questions or concerns about our payment policies, please do not hesitate to ask our office staff.

Payment is due at the time services are rendered. We accept cash, checks, and for your convenience, most major credit cards. We can also make available an application for one of our patient financing companies, should you desire. We will be happy to process your insurance claims at no additional charge. You may be required by your insurance company to bring a signed insurance form to each visit. We do accept assignment of insurance benefits. However, please understand that:

1. Your insurance policy is a contract between you, your employer and the insurance company. We are **NOT** a party to that contract. **Our** relationship is with **you**, not your insurance company.
2. All charges are **your** responsibility, whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Please understand that our patients have hundreds of different policies and it is impossible to keep abreast of everyone's changes and coverage. We will do our best to assist you.
3. Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment. We **estimate** these payments for you, given all the information we have available. All information you Can provide us will help to estimate more accurately.
4. If the insurance company does not pay in full within 90 days, we may ask you to pay your balance due with cash, check or credit card.
5. Returned checks will be subject to additional collection fees.
6. Account balances older than 30 days will be subject to finance charges of 1½ % per month, which will be added to your account. Balances older than 90 days will be subject to collection proceedings and the associated costs will be charged to the patient.
7. If your account is over 90 days past due, we will not schedule any appointments until the account is brought current. We will see you on an emergency basis only.
8. Fees quoted for services will be honored for 30 days, but may change after that.
9. Parents of guardians that accompany minor children are responsible for the charges incurred that day.

We understand that temporary financial problems may affect the timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

I have read and understand the financial policy.

Patient's Signature (Guardian, if patient is a minor)

Date