



## FINANCIAL AND COLLECTION POLICY

### **Financial Policy**

*The financial policy of Southpoint Family Dentistry requires that payment be made on the day that dental services are rendered.*

#### **Patients with Dental Benefits**

We will accept assignment of benefits of our patient's dental insurance. However, it is the patient's responsibility to understand their dental benefits. Our office will make every attempt to verify a patient's eligibility for dental services prior to dental services being rendered, however, it is the patient's responsibility to ensure that dental coverage is effective for each dental visit.

Patients must pay any co-pays and deductibles in full on the day dental services are rendered. If the patient has dental insurance that has been verified as being effective on day of service, the balance after co-pays and deductibles will be sent to the insurance company for processing and payment. If the insurance company processes the claim and a balance remains, the patient will be informed of this balance. Any balances due are patient responsibility and due on day of receipt of billing statement. **Our office will file dental claims only to a patient's primary insurance policy, we will not file claims to secondary insurance policies.**

Emergency patients should **pay in full** on the day dental services are rendered by cash, check or credit card.

### **Collection Policy**

*Our office accepts payment in the form of cash, credit card (Visa and MasterCard), personal check and money order. In addition, third party financing is available to all patients. If interested in payment plans, please inquire about your payment options with our office manager.*

Our office will not carry patient balances **past 30 days**. If the account is not paid in full by either patient or dental insurance, it will be considered past due and subject to immediate payment. Any balances not paid in full 60 days after the date of service **may be subject to collection by a third party**.

**Billing schedule/statement dates:** Statements are sent on the 15<sup>th</sup> of each month. If a balance is due upon receipt of an insurance payment, a statement will be sent out immediately upon posting of the payment.

**"I have read and understand the above information. I have asked the staff of Southpoint Family Dentistry any questions that I may have regarding the above financial and collection policies. Further questions regarding payment of my dental services by my insurance company may be answered by contacting my insurance company or the human resources department."**

**Patient signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_