

REBECCA BOARDMAN, D.D.S.

COMPREHENSIVE RESTORATIVE DENTISTRY

FINANCIAL POLICY

Payment

Unless otherwise agreed to, full payment, including any past-due balance, is due at time of service, or within 30 days of the date on a received statement. We accept cash and checks, as well as Visa, Mastercard, Discover and American Express cards. We also offer contactless payment options, including Apple Pay.

A returned check fee will be applied for any check payment returned to us by your bank.

For patients with active PPO dental insurance coverage, we will submit your claim for services rendered, after which your insurance provider will pay you directly. The balance due at time of service is your responsibility *whether your insurance company pays or not*. Some or even all of the services provided may be non-covered or not considered reasonable and necessary by your insurance company. Your insurance policy is a contract between you and your insurance provider, and reimbursement levels are dependent upon the premiums you pay, the benefits your company negotiates, and frequency limitations. We are not a party to that contract. In order to bill your insurance company properly, we must have your complete and accurate insurance information and be kept up-to-date regarding any changes to this information.

Please note that any insurance benefit figure provided by our office is *an estimate only*. Contact your dental insurance provider with any questions regarding your coverage. You are free to request a pre-treatment estimate of coverage before embarking on any potentially costly treatment.

Usual and Customary Rates

We charge what is usual and customary for prosthodontic practices in our area. You are responsible for payment regardless of what an insurance company may define as "usual and customary fees."

Missed Appointments

Because office time and materials are reserved for you, a fee may be assessed for a missed appointment not canceled at least 24 hours in advance. The first such fee will be \$75.00; subsequent fees will be charged at our current dental hygiene rate. Please help us serve our patients efficiently by keeping your scheduled appointments or giving us as much advance notice as possible of a conflict in your schedule.

Delinquent Accounts

We appreciate payment within 30 days of billing statement receipt. Payments received later than 30 days are subject to a monthly 1.5% finance charge (\$5.00 minimum). Accounts over 90 days past-due are subject to submission to a collection service, which may adversely affect your credit rating. We reserve this as a final collection measure after all other attempts have been exhausted.

Our practice is committed to providing the best possible dental and oral health care and making your visit with us as enjoyable as possible. Please feel free to discuss any questions or concerns you have regarding the above.

I have read, understand, and agree to this Financial Policy.

Signature of responsible party

Date