

# Now Care Dental's Financial Policy

Updated 11/17/2014

Please tell us; if you have a regular Dentist, were they available to see you today?  YES  NO

Dentist/Office Name: \_\_\_\_\_ I want my records transferred  YES  NO

## 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 YES NO

## Tell us about your preferred method of payment:

Cash (If paid in full, we offer a 5% discount.)

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

- Debit/Credit card is my own: YES / NO

Health Savings Account through my employer

Existing Care Credit (6mo. interest free)  I would like to apply for Care Credit (6mo. interest free upon

**WE DO NOT ACCEPT CHECKS**

*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. 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 as a courtesy to you.**
- 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 to you 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 Now Care Dental **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.

## Insurance regarding your Evening/Weekend Emergency Appointments

- **The patient and/or responsible party (if under 18 years old) is responsible for paying all service and treatment fees the day of service *before* the service and/or treatment is rendered.**
- Now Care Dental may be conveniently open every day of the week, but this convenience is not offered by your insurance company. We would be happy to provide a courtesy benefits check for you during insurance hours, Monday-Friday 8am-4pm.

## 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, Now Care Dental 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.

## Appointments Missed

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

*By signing this form, I as the patient/responsible party, agree to Now Care Dental's financial policy as stated above.*

**Please sign below using the attached pen**