

## Financial Policy

We are pleased that you chose the practice of Kristine Houck Morris, DDS for your dental care. Our goal is to provide you with the best, most comprehensive care available. An important part of this goal is to make the cost of optimal care as manageable as possible for our patients.

### **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

#### **Payment Options:**

We provide the following payment options:

1. **Cash**
2. **Personal Check** (a fee will be applied for checks returned for lack of funds)
3. **Credit Cards:** Visa, Mastercard, Discover or American Express

#### **Insurance:**

If you have dental insurance, we will do our best to help you receive maximum benefits. In order to achieve this goal, we need your assistance and your understanding of our payment policies.

#### **IF YOU HAVE DENTAL INSURANCE Please initial each of the following:**

\_\_\_\_\_ If you wish to assign benefits to this practice, please understand that our fees are typically 10-15% greater than what most insurance plans will pay. Therefore, your estimated co-pay will reflect this and also will include any deductible that has not been met. **All co-pays and deductibles are due at the time services are rendered.** In the unlikely event that there is a credit on your account after the insurance has paid us, we will promptly refund you.

\_\_\_\_\_ We can only accept assignment of benefits for **one insurance company**. We will assist you in the submission of any secondary insurance claims

\_\_\_\_\_ If your plan requires that you receive your dental benefits payments directly to you, the patient, **payment is due in full at the time of treatment**. Some insurance plans will not assign benefits to this practice, only directly to the patient.

\_\_\_\_\_ We emphasize that as *dental care providers*, **our relationship is with you, not the insurance company**. Dental insurance is a contract between you and the insurance company (any possibly your employer), not the dental practice and the insurance company. While the filing of insurance claims is a courtesy that we extend to you, all charges are **your responsibility** due on the date services are provided.

#### **General Policies**

-For our patients with NO dental insurance, a discount of 5% will only be applied to fees that are **paid in full with cash or check at the time of treatment**. There will be no fee discounts for payment with a credit card.

-There will be an **additional fee of \$35.00** for returned checks. After one returned check, payment will be accepted in the form of cash or credit card only.

-Charges may be applied to your account for broken appointments, appointment that are not **canceled or rescheduled at least 24 hours** before the time that you are scheduled for treatment.

-Unpaid balances over 90 days may be turned over to a third party collection agency.

Please do not hesitate to ask questions. We welcome the opportunity to assist you. Please sign and date below to acknowledge receipt of our financial policies.

\_\_\_\_\_  
Patient or Guardian

\_\_\_\_\_  
Date