

FINANCIAL POLICIES

We would like to welcome you to our practice. We are committed to providing you the best possible dental care. Before treatment begins, it is our goal that patients clearly understand their treatment needs as well as their financial responsibility. If you have dental insurance benefits, we are happy to help you receive your maximum benefits. If you do not have dental insurance benefits, or require extensive treatment that is not covered by your insurance, we will work with you to reach a mutually acceptable financial arrangement.

Patients with Dental Insurance:

- We will be happy to bill your insurance for your dental treatment. We ask that you please provide us with accurate information at the time of your appointment. It is also important that you provide us updated insurance information whenever there is a change in your insurance.
- We will also help you determine your insurance benefits in advance of treatment and, when necessary, obtain pre-authorization from your insurance company.*
- Unless prior financial arrangements have been made, we require, at the time of service, that you pay all estimated co-payments and for any treatment not covered by your insurance. We accept cash, checks, Visa, MasterCard and American Express. Care Credit may also be available to you.
- When major treatment is recommended, individualized financial arrangements, which are in writing and signed by the financially responsible party, may be made in advance with our Financial Coordinator. We reserve the right to charge interest at a rate of 1 ½ percent per month for any balances owing over 90 days.
- If Cooper Moss Advanced Dentistry is a preferred provider with your insurance company, we are required to discount our usual fees. Cooper Moss also accepts a significantly discounted fee when patients use Care Credit. Therefore, we do not provide any additional discounts to our insured patients.

**Notwithstanding the above policies, it is important for you to know that your insurance policy is a contract between you and your insurance company. It is not a guarantee of payment and often does not cover all the costs involved in treatment. Any charges not paid by your insurance company are your responsibility regardless of estimates or predeterminations obtained by employees at Cooper Moss Advanced Dentistry as a courtesy to you.*

Patients without Dental Insurance:

- Unless prior financial arrangements have been made, we require that all treatment is paid at the time of service. We accept cash, checks, Visa, MasterCard, Discover and American Express. Care Credit may also be available to you.
- When major treatment is recommended, individualized financial arrangements, which are in writing and signed by the financially responsible party, may be made in advance with our Financial Coordinator. We reserve the right to charge interest at a rate of 1 ½ percent per month for any balances owing over 90 days.
- Cooper Moss Advanced Dentistry offers a 5% cash discount to uninsured patients who pay the full balance for their treatment at the time of service.
- Cooper Moss Advanced Dentistry also offers a 5% discount to uninsured patients age 65 and older.

Missed Appointments or Last-Minute Cancellations: We know that our patient's time is valuable and, therefore, work diligently to create and maintain a schedule that allows patients to be seen at their appointed time and minimizes waiting

time in our office. When patients cancel at the last minute, it is often not possible to offer that time to other patients who have been waiting to be seen, and, unfortunately, this is not an effective use of time for our dentists and staff.

Therefore, we ask for 48-hours notice to cancel an appointment. When a patient misses an appointment, or cancels with less than 24-hours advance notice, we reserve the right to charge and collect a broken appointment fee of up to \$200.00 per hour of appointment time depending on the services scheduled. We may also require an advance non-refundable deposit before re-scheduling treatment.

Emergency Treatment: New patients who come in for emergency treatment should expect to make full payment for services at the time of service.

Treatment of Minor Children of Divorced or Separated Parents: When a divorced or separated parent brings in a minor child for treatment, we require that the parent bringing in the child pay for all treatment and/or co-payments at the time of treatment regardless of custody agreements. If necessary, we can hold a credit or debit number from the other parent on file with proper authorization to pay for charges.

AGREEMENT TO FINANCIAL POLICIES

- I have read and understand the above financial policies.
- I request and authorize the dentists and hygienists at Cooper Moss Advanced Dentistry to provide me with dental care. I understand that I am personally responsible for the charges for the services that I or my minor children receive.
- I agree to make full payment for services I receive. I understand that regardless of dental insurance benefits, any treatment I receive is my financial responsibility. I agree to pay all reasonable attorney fees and costs of collection incurred by Cooper Moss Advance Dentistry if my account is not paid as agreed.
- I hereby authorize Cooper Moss Advance Dentistry to bill my insurance carrier and any other persons or parties who may be liable for payment of these services. I also authorize my insurance carrier to make payment directly to Cooper Moss Advanced Dentistry.

Your signature below will acknowledge that you have read and understand our financial policies.

Signature _____ Date _____