

INSURANCE AND FINANCIAL POLICY

Thank you for choosing Nimishillen Creek Dental for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care that you need.

- **Payment for services is required at the time service is provided.** Accepted forms of payment include Cash, Checks, Visa, MasterCard, American Express, Discover and Care Credit.
- **Insurance patients:** Your dental benefits are based upon a contract made between your employer and an insurance company. We are not a party to that contract. If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Not ALL services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services that they will not cover.
- **We currently accept many insurance plans.** This means that we work with **literally dozens of companies**. Although we maintain computerized histories of payment by a given company, **they do change**; therefore it is **NOT always possible** to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. Insurance companies do not provide us with accurate charges for any procedures.
- **We bill your insurance company as a courtesy to you.** If your insurance does not pay within 60 days, Nimishillen Creek Dental reserves the right to request payment from you, in full, for services provided and let you collect the insurance funds that are due to you. This is rare, but it is important that you recognize that the insurance you have is a legal contract between **YOU** and **your insurance company**. Our office is not, and cannot be a part of that legal contract. **Ultimately, you are responsible for all charges incurred in our office.**
- **Patients without insurance:** Payment is required **in full at the time of service**. We understand that without dental insurance it can be difficult especially if there are extensive dental needs. Please consult with our treatment coordinator for payment options including 3rd party financing options such as Care Credit.
- **Minor Patients:** The adult accompanying a minor and the parents (or guardians) are responsible for **full payment**, regardless of court child support order. For unaccompanied minors, non-emergency treatment will not be done unless prior approval and financial arrangements have been made.
- **Divorce:** if there is a divorce involved, regardless of which party is responsible for bills, **payment is due at the time of service**. Please understand that we will not get involved with divorce disputes. Feel free to discuss this with our office manager if you have any questions.
- **Workers Compensation:** we are **not** providers for Workers Comp care, and do **not** aid you in any type of Workers Compensation paperwork or billing.
- **Financial Arrangements:** I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of my account owed on this or subsequent visits, I agree to pay for all costs and expenses, including reasonable attorney fees. Any returned check will be assessed a \$35 fee and no further checks will be accepted from the patient. If the account should be turned over to a collection agency, for any reason, 10% of the principle balance will be added for interest along with an additional 10% service charge.

I have read the insurance and financial policy above. I understand and agree to abide by the listed terms.

Signature of Financially Responsible Party

Date