

Heritage Dental's Patient Financial Policy

As our patient, you are responsible for the following:

- ⌘ **Your insurance policy is a contract between you and your insurance company.** As a courtesy, we will file your insurance claim to your insurance carrier if you assign the benefits to the doctor. In other words, you agree to have your insurance company pay the doctor directly. **For patients that don't have insurance, payment is due at the time service is rendered.**
- ⌘ All dental insurance plans are not the same and do not cover the same services. The portion of the treatment that is not covered by insurance is due at the time services are rendered. In the event your plan determines a service to be "not covered," you will be responsible for the complete charge. Patients are encouraged to know their dental benefits prior to services rendered.
- ⌘ You must inform the office of all insurance changes and any predetermination requirements. In the event the office is not informed before care is rendered, you will be responsible for any charges that are denied.
- ⌘ Failure to provide 24 hour notice for changed appointments will be subject to a missed appointment fee.
- ⌘ **Past due accounts are subject to collection proceedings. If your account has a balance after 60 days, it will be turned over to our collection agency. Patient will be responsible for any collection fees owed from delinquent accounts.**
- ⌘ There is a service fee of \$30.00 for all returned checks.

This hereby authorizes insurance benefits otherwise payable to me, directly to the above named dental group.

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our financial coordinator.

Printed Name of Patient: _____

Address _____

Printed Name of Responsible Party: _____ Relationship: _____
(If patient is under 18 years of age)

Signature of Responsible Party: _____ **Date:** _____

If the address provided above is not your home address or if it is not a street address, please provide us with a street address for purposes of ensuring payment and/or written communications.

