The Financial Policy of
Chesterfield Dentist

Thank you for choosing our office as your dental health care provider. Our primary responsibility is providing the highest quality dental care for you and your dependents. Part of our commitment is your understanding and responsibility for the payment of your account balance.

Our basic financial policy is the following:

FULL PAYMENT IS DUE AT THE TIME OF SERVICE. PAYMENT ARRANGEMENTS CAN BE MADE IF EXTENSIVE TREATMENT IS PLANNED AND APPROVED BY OUR OFFICE MANAGER.

WE ACCEPT CASH, CHECK, DEBT CARDS, AMERICAN EXPRESS, DISCOVER, MASTER CARD, VISA AND THIRD PARTY FINANCING THROUGH CARE CREDIT. WE CAN OFFER IN OFFICE PAYMENT PLANS BUT THEY MUST BE APPROVED PRIOR TO TREATMENT. A PAYMENT PLAN AGREEMENT WILL BE SIGNED.

ADULT PATIENTS

Adult patients are responsible for full payment at the time of service unless specific arrangements are made prior to the start of treatment.

MINOR PATIENTS

The adult accompanying a minor and the parents/guardians are responsible for full payment at time of service. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to by credit card or by cash; check at time of service has been verified.

REGARDING INSURANCE

Full payment is invoice at time of service.
We will accept assignment of participating insurance plans and will submit dental claims on our patient's behalf, and we will submit a refund for your payment from an insurance company. We are not able to pre-determine or bill for insurance benefits only. A pre-treatment estimate will need to be submitted to your insurance company to determine the schedule of benefits for the services to be rendered. If you have two dental carriers, we will file the primary claim but it will be your responsibility to file and follow up any secondary claim.

Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Any insurance claim not settled within 60 days will be due in full. It's your responsibility to pay our practice in full for the treatment invoice.

Please be aware that some and perhaps all of the services provided may be non-covered services. You are responsible for the entire balance no matter what the outcome is with your insurance provider.

USUAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for the quality of the treatment that is rendered. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. We will do all that is reasonable and proper to have you receive the maximum insurance benefits you are entitled too.

PATIENT RESPONSIBLTY AND ADDITIONAL TERMS

Accounts unpaid after 60 days from day of service are subject to a delinquent fee of $35.00. Furthermore, the unpaid balance is subject to a 1.5% monthly (18% Annual) finance charge. If we have to submit your unpaid account to a collection process you will be responsible for all charges our practice incurs; including collection fees, court costs and reasonable attorney's fees.

MISSED OR LATE APPOINTMENTS/RETURNED CHECKS

Unless appointments are cancelled at least 24 hours in advanced, our policy is to charge for missed appointments. You will be charged a $75.00 **non-refundable** fee. Any returned check will carry a $50.00 fee.

EMERGENCY VISITS

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for in cash at the time services are performed unless other arrangements are made.

Our entire staff is dedicated to you, the patient. Please let us know if you have any questions or concerns.

I have read this ***Financial Policy***. I understand and agree to the terms of the ***Financial Policy of Chesterfield Dentist/Milan Bhagat.***

Picture ID is also required with your signature.

X _____ Date_____
Signature of Patient or Parent of Minor Patient

X_____ Date_____
Signature of Co-Responsible Party