



FAIRPORT FAMILY DENTAL

Financial Policy Statement

Payment for services, including deductibles and copayments, are due at the time of the service unless other arrangements have been made prior to treatment. Payments may be made using cash, check or credit card. Any arrangements for third-party financing must be made before starting treatment.

We are happy to submit the claims necessary to see that you receive your insurance benefits. The insurance contract is an agreement between you and the insurance company. You are ultimately responsible for all charges. We cannot guarantee that any coverage estimated by your plan will be paid once a claim is filed. We will bill insurance companies for services and allow them 45 days to render payment. After 60 days, you are responsible for the entire balance, paid in full.

In order to maximize your benefits and because plans differ from carrier to carrier, and from policy to policy, our office may refer you to your carrier or your employer's benefits coordinator for assistance in understanding your plan. Please note that dental insurance is intended to cover some but not all dental care costs, and not all services are covered by your plan. You are responsible for payment of all services regardless of the payable benefit.

Checks that are returned to our office from your financial institution are subject to a \$40 returned check fee.

Accounts over 90 days are subject to a 1.5% interest per month fee. Any fees incurred as a result of collections on a delinquent account will be the responsibility of the account holder.

We value your time and set aside an allotted amount of time for your visit. We require 48 hours notice for cancelling/rescheduling appointments to avoid a fee of \$55.

Please indicate your understanding and acceptance of these financial policies by signing below.

Patient's name _____ Date _____

Patient's Signature _____ Date _____

Witness _____ Date _____