

Winning Smiles Financial Policy

*Our office is committed to providing you with the highest quality dental care using only the best materials and technology available. Our clinical and business teams work closely together to provide a positive environment for visits to our office and assistance with financial requirements. **Payment for professional services is expected at the time dental treatment is provided.** A member of our Business Team will be delighted to discuss our options with you!*

We are happy to file dental claims for our families who have dental insurance. In general, we will file claims to any company that will pay us directly and does not restrict coverage to a list of participating providers. Filing to your insurance carrier is not a guarantee of payment. Please understand that the patient or parent/guardian has the final responsibility for payment of any services rendered. Our doctors recommend treatment based on our patients' needs, not on what insurance will pay.

a. Payment options: For your convenience, we accept cash, personal checks, debit cards, Visa, MasterCard, Discover, Flexible Spending Accounts, Health Saving Accounts and CareCredit.

b. Financial responsibility: Self-pay patients are expected to pay for services received in full at the time of service. Any alternative financial arrangements must be made before you see the dentist. The parent or guardian bringing the child to our office and authorizing treatment is legally responsible for payment of all charges. We cannot send statements to other persons.

c. Divorce/separation: The party responsible for the account prior to the divorce or separation remains responsible for the account. After the divorce/separation, the parent or guardian bringing the child and authorizing treatment will be the person responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent. We will provide you additional copies of receipts if needed.

d. Required payments: At treatment

visits, we collect a percentage of the total cost of treatment, determined by ESTIMATION of what your insurance will cover, plus any deductible required by your insurance. In the event of underpayment, we will send you a statement in the mail. In the event of overpayment on your part, you will receive a credit on your account, or you may request reimbursement by mailed check.

e. Authorization: If your insurance plan requires an authorization we will need to receive the authorization before you or your child sees the dentist. If we have not received the authorization prior to your appointment, we will need to reschedule the appointment until it is received.

f. Deposit: Certain procedures may require a deposit, including deductibles, co-payments and coinsurance. Payment of these amounts is required before the procedure is performed.

g. Uncovered services: In the event your insurance company determines a service to be "not covered," or reimburses Winning Smiles lower than the anticipated amount, you will be responsible for payment. We try to inform patients when services may not be covered; however, it

is the patient's responsibility to understand their dental insurance limitations. Most benefits will be verified before your insurance company can be billed. In the event that your insurance has not paid within 60 days, the balance may be transferred to your account.

h. Returned check fee: A \$35.00 service charge will be applied to your account for any returned check. If a check is returned, we will only accept cash or a credit card as payment on your account.

i. Canceling/rescheduling: Scheduled appointments that are missed, changed, or canceled with less than 48 hours of notice will be charged a fee of \$50 (hygiene appointments) or \$75 (treatment appointments).

j. Past due accounts: Unless prior arrangements have been approved in writing by our office, the balance on your statement is due and payable when the statement is issued. If your account becomes past due over 90 days, a collections process may be used to collect funds. All reasonable expenses incurred during the collection process will be the account holder's responsibility.

Effective date: Once you have signed this policy, you agree to all the terms and conditions contained herein and the agreement will be in full force and effect.

I have read the above policies and understand my obligations with Winning Smiles for my or my child's dental care. I acknowledge that I am responsible for payment of any services not covered by my insurance plan.

Print name of person signing _____

Relation to patient: _____

Signature: _____

Date: _____