

Seaside Family Dentistry Financial Policy

Seaside Family Dentistry is committed to offering and providing high quality dental care. It is important to understand how payment is expected prior to proceeding with treatment.

I. Patient With Insurance:

- A. It is our responsibility as professional dental care providers to treat the individual needs of the patient and not base treatment on a specific insurance plan. Dental insurance is very different than medical insurance, and not every treatment is a covered benefit. As a courtesy, we are happy to check benefits and provide an estimate for insurance coverage. Please understand that insurance coverage is an agreement with the patient and the insurance company and it is very important for the patient to understand the insurance policy and coverage. The majority of insurance providers will only pay for a portion of the treatment costs, and it is the patient's responsibility to pay any difference. Please be aware of any waiting periods, frequency limitations, age limitations, and exclusions. Patients with double coverage need to be aware of a potential "duplication clause" and how this will affect their coverage.
- B. Patient is responsible for any copay at the time treatment is provided. We gladly accept cash, check, Visa, Mastercard, American Express, Discover, and Care Credit.
- C. Any remaining balance on the account after the insurance has paid is the patient's responsibility.
- D. Any remaining balances will be subject to a rebilling fee of \$3.00 per month

II. Patient Without Insurance:

- A. Patient is responsible to pay balance in full at the time dental treatment is provided. We gladly accept cash, check, Visa, Mastercard, American Express, Discover, and Care Credit. With the exception when using Care Credit or if a balance remains on the account, there is a 7% discount when paying in full at the time dental treatment is provided.
- B. Any remaining balances will be subject to a rebilling fee of \$3.00 per month.

III. Missed Appointment / Late Cancellation Appointment

- A. Seaside Family Dentistry requires at least 24 hours / 1 full business day notice for any cancelled appointment. Current business hours are Mon - Wed 8am-5pm and Thur 7am-3pm. ***A minimum charge of \$50 will be assessed for any missed / late cancellation appointments*** and will be due prior to rescheduling your appointment. Repeat offenders may be subject to patient termination.

IV. Collections

- B. Any balance over 90 days may be subject to additional fees and may be forced to be assigned to a collection agency. At this time, practice / patient relationship may be terminated.

V. Other Fees

- C. Returned checks for insufficient funds are subject to a \$25 fee

Patient / Responsible Party Signature