

OUR FINANCIAL POLICY

Thank you for choosing Stines Dental Associates as your dental care provider. We are committed to providing you with the best care. If you have dental insurance, we would like to help you receive your maximum benefits. In order to achieve this goal, we need your assistance, and your understanding of our financial policy. Please understand that payment of your bill is considered a part of your treatment. We require that you read and sign the following prior to any treatment.

All patients must complete our Patient Registration and Health History forms before seeing the doctor.

FULL PAYMENT IS DUE TIME OF SERVICE. WE ACCEPT CASH, CHECK, OR VISA/MASTER CARD/ DISCOVER.

Regarding Insurance

If you provide us with complete insurance information, we will be happy to process your insurance claim for you. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits, we require that you pay your co-payment and deductibles at time of any and all services.

Due to many changes in insurance policies, it is no longer an easy task to interpret each individual policy. Although we try to stay aware of these changes, it is not always possible. It is your responsibility to know your individual coverage. Failing to comply with this suggestion could result in you, the patient, being responsible for all costs incurred including finance charges (18%) on balances over 90 days. Please remember your insurance policy is between you and your company and not with the insurance company and your doctor.

We will gladly discuss the cost of your proposed treatment and answer any questions that you may have. Please realize that not all services are a covered benefit in all contracts. We must emphasize that as a dental care provider, our relationship is with you, not your insurance company, while filing of insurance claims is a courtesy we extend to all our patients.

Usual & Customary Rates

Our practice is committed to provide the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Missed appointments

Unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$35.00 per missed visit. Please help us serve you better by keeping scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____ Date

Signature of patient of parent (if a minor)