

# Bosque Valley Family Dental

## Our Financial Policy

Thanks you for choosing us as your dental health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy that we require you to read and sign prior to becoming a patient of this office.

Full payment is due at the time of service, unless prior arrangements have been made. We accept cash, checks, or Visa/Mastercard. Checks can be postdated if necessary as long as the date on the check reflects the date of service. The check will be deposited at the agreed upon time.

### **Insurance**

We will gladly file insurance claims on your behalf, and we accept insurance benefits on your first visit. However we do require that your estimated portion of the bill be paid at the time of service. The balance on your account is your responsibility whether your insurance company pays or not. We cannot file your insurance claim without the correct information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your insurance plan. Please keep in mind that any information we receive from your insurance company, either by phone or by writing, is not a guarantee of payment. Some insurance companies pay a percentage of what they think we should charge and not what we actually charge, therefore you may have a balance after the insurance company pays and this balance is your responsibility to pay in a timely manner.

### **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 our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates

### **Adult Patients**

Adult patients are responsible for full payment at the time of service unless other arrangements have been made as indicated above

### **Minor Patients**

Minors (under the age of 18) must be accompanied by their parent (or legal guardian of the minor) in order for dental treatment to be performed.

### **Missed Appointments**

We require at least 24 hours notice to change or cancel an appointment. Please call us if you cannot make your appointment. Please help us to take care of you and your dental health by keeping scheduled appointments.