Locust Family Dentistry
Financial Policy Agreement

Welcome to Locust Family Dentistry. We appreciate your selecting us as your dental provider. We are committed to providing you and your family with the best possible service and appreciate the trust you have placed in our team of professionals. Before we perform any service, an explanation of your recommended treatment, treatment options, and a reasonable estimate of treatment fees will be presented to you for your approval.

We ask that you carefully review and sign our **Financial Policy Agreement** before beginning treatment, and we encourage you to talk with us regarding any problems that may affect your ability to afford care.

Payment for Services is expected at the time service is provided unless other financial arrangements have previously been made with our Office Manager. This includes any insurance, Medicaid, or other third party deductible or co-payment. We accept cash, personal check, money order, and most major credit cards.

Dental Insurance claims will be filed as a courtesy for most dental insurance plans provided that you have assigned benefits to Locust Family Dentistry. Please contact your insurance carrier or consult your certificate of coverage for details pertaining to deductibles, co-payments, maximums, covered and non-covered services, and plan restrictions. Locust Family Dentistry is a preferred provider for select insurance companies.

Please plan to bring a copy of your insurance card or verification of coverage to each appointment. Failure to provide our office with all the information necessary to file your insurance claim will require full payment at the time of service.

Your insurance policy is a contract between you or your employer and the insurance company. Locust Family Dentistry is not a party to that contract. Our relationship is with you, the patient, and not the insurance company. Therefore, you (or your account guarantor) are ultimately financially responsible for all services provided, including services that are not covered by your policy.

Miscellaneous Financial Information:

- Returned checks will result in an NSF fee of $25 charged to your account. Services to you and your family cannot continue until the returned check balance and NSF fee have been paid in full.
- Balances that are not current and are greater than 60 days past due may result in a loss of appointment privileges. Under these circumstances, emergency services will be available only on a fee for service basis.
- Balances that are not current and are greater than 60 days past due may result in loss of appointment privileges and are subject to transfer to a third party collections management company.

My signature acknowledges that I have read, understand, and accept these **Financial Policy Agreement** terms.

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Print Patient Name

_____ _____

Patient or Guardian Signature Date