STERLING RIDGE

Dr. Erica Baker
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FINANCIAL POLICY

We value you as a patient and are committed to providing you with the best possible dental care. We want you to have a complete understanding of your financial responsibilities for the services to be provided. To assist us in achieving these goals, we ask that you review our financial policy.

Unless our administrator staff has approved payment arrangements in advance, payment in full will be done at the time services are rendered. We will be happy to help you process your dental claim for reimbursement or you may assign your primary/secondary dental benefits to the doctor as partial payment toward the services rendered. This can be done after we have had the opportunity to verify your primary/secondary benefits.

At the time of your appointment you will be expected to pay your deductible as well as any portion of the treatment fees that we estimate will not be covered by your dental policy. Because of insurance policy changes and/or necessary changes in treatment plans, your dental coverage may vary from this estimated treatment calculation of the carrier's pre-estimate. If your insurance company has not paid the full balance of the claim within 60 days from treatment date, you will be responsible for paying the balance.

If your insurance company does not accept assignment of benefits and the insurance payment is mailed to the policy holder, our office must receive payment within 14 business days from which the payment was mailed to the policy holder by the insurance carrier. If we do not receive payment, we will request the total fee of each appointment to be paid at the beginning of each appointment.

Please remember that your insurance is a contract between you and your insurance company and/or employer. We recommend that any questions regarding the amount of insurance coverage for the specific treatment be discussed directly with your insurance company.

A finance charge of 1.5% per month may be assessed to accounts with balance outstanding for 60 days from treatment date. This FINANCE CHARGE represents an ANNUAL PERCENTAGE RATE of 18%.

If your check is dishonored or returned for any reason, the check must be replaced with a money order or cash within 5 days of the return, plus $25.00 processing fee.

Dental Appointments: This time has been reserved exclusively for you. Please notify us at least 48 hours (2 Business Days) in advance if you are unable to keep your appointment. A charge of $25 will be applied to your account for appointments cancelled or changed without this notice.

All treatment charges are the responsibility of the patient or responsible party regardless of insurance coverage. In the event of non-payment, the patient or responsible party agrees to pay all the cost of collection, including, but not limited to, attorney fees, court cost, collection agency fees, etc…

I have read and understand the financial policy of this practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time by the practice.

_____ _____

Responsible Party, Print Name Date

Responsible Party, Signature