

# Tree City Dental

## James P. Anderson D.D.S., Inc.

### Financial Policy Statement

Payment for services, including deductibles and copayments, are due at the time of the service unless other arrangements have been agreed with the Doctor prior to treatment. Payments may be made using cash, check, or credit cards. Any arrangements for third-party financing, such as CARECREDIT offered through this office, must be made before starting treatment.

Tree City Dental is out of network for all insurance. We are happy to submit your out of network claims on your behalf. We do not accept Medicaid or Medicare HMO plans (e.g. CareSource, Buckeye, Molina, United Healthcare Community Plan, etc.) and will not submit insurance to any Medicaid plans. The insurance contract is an agreement between you and the insurance company and you are ultimately responsible for all charges not paid by insurance, including we cannot guarantee that any coverage estimated by your plan will be paid once a claim is filed.

In order to maximize your benefits and because plans differ from carrier to carrier, and from policy to policy, our office may refer you to the carrier or your employer's benefits coordinator for assistance in understanding your plan. Please note that dental insurance is intended to cover some, but not all, dental care costs, and not all services are covered by your plan. You are responsible for payment of all services regardless of the payable benefit.

Checks that are returned to our office from your financial institution are subject to a \$50.00 returned check fee. Late payment fees will also be accrued at \$25.00 per monthly statement after 30 days overdue.

Please indicate your understanding and acceptance of these financial policies by signing below.

Patient's Name \_\_\_\_\_ Date: \_\_\_\_\_

Patient, Guardian or Guarantor Signature (if other responsible for payment or less than 18 years old)  
\_\_\_\_\_ Date: \_\_\_\_\_

### Cancellation or Rescheduling Policy

If you find that you must change your appointment, we require a minimum of 24 working hours' notice (by Thursday if Monday appointment) so that we may make every effort to accommodate other patients. If proper notice is not received, a fee of \$75.00 will be charged for every appointment canceled.

Late Arrival Policy. Your appointment was scheduled to allow for enough time to provide the best service for you. Patients who arrive for their appointments more than 10 minutes late may have to be rescheduled. New patients must arrive 30 minutes before their scheduled time to accommodate set up and paperwork confirmation, to ensure all work planned can be achieved.

Patient's Name \_\_\_\_\_ Date: \_\_\_\_\_

Patient, Guardian or Guarantor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_