

FINANCIAL POLICY

Thank you for choosing the practice of Dr. Fara Bender to care for your child's dental well-being. We are here to provide the best possible dental care. Our recommendations are made with patient's best interest in mind. We work for you, not your insurance company. Therefore, we have established the following guidelines.

If you have a dental insurance plan:

The fee obligation, regardless of insurance coverage belongs to the parent or legal guardian of the patient. Our office may be a contracted provider for your plan therefore we will follow certain plan protocols and fee schedules. It is your responsibility to know how your plan works in our office.

If our office is not a contracted provider, you may still be seen in our office in most cases. We will be happy to call your insurance company and get the information necessary for you to make an informed decision once you have the information.

It is important to remember that in either case, **all services may not be covered and out of pocket fees, reimbursement, and co pays vary under different contracts.** We will be happy to assist you by giving you our **best estimate of your out-of-pocket fees** based upon the most current information provided to us by your insurance company at the time we verify your coverage. We will also be happy to file insurance on your behalf as a courtesy to you in most cases. **All patient portion fees will be due at time of service. All unpaid Insurance claims will become your obligation after forty-five days.**

If you have a change in insurance, it is especially important that you call the office at least forty-eight hours prior to your appointment so we may have ample time to verify that insurance. If there is a concern or issue it will afford us time to work things out to our mutual satisfaction so we can save the appointment time.

If you arrive to your appointment with new insurance, we may not have the time to verify your coverage. At that time, you will be given a choice: You may reschedule the appointment or choose to pay for the appointment and have your insurance company reimburse you directly.

We offer a variety of options for taking care of your financial responsibility: Cash, Check, All Major Credit Cards, Care Credit.

I have read and understand the above and promise to abide to the best of my ability.

Signature: _____ Date: _____