

Falmouth Dental Health Financial Policy

Thank you for choosing Falmouth Dental Health as your dental health care provider. We believe that all patients deserve the very best dental care we can provide. We also believe that everyone benefits when specific financial arrangements are agreed upon. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy.

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER AND AMERICAN EXPRESS CREDIT CARDS, AND DEBIT CARDS. WE ALSO OFFER CARE CREDIT WHICH IS AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL OFFERING 0% INTEREST FINANCING FOR 6 OR 12 MONTHS.

INSURANCE

We will file your insurance claim on your behalf. We are non-participating and out of network with all insurance plans. We ask for payment in full at time of service and will have the insurance reimburse you directly based on your specific plan coverage. If you would prefer that we bill and accept payment from your insurance first we require that any estimated co-payments, deductibles, and any services not covered by your insurance plan be paid at the time the service is provided. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance unless you bring in all insurance information to each visit. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Please be aware some and possibly all of the services provided may be non-covered services and not considered reasonable, usual, and customary under the terms of your dental and/or medical policy. 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.

MISSED APPOINTMENTS

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$150. Please understand that missed appointment times are valuable to those patients that may find it hard to come to the dentist at other times. Please help us serve you better by keeping your scheduled appointments. Excessive cancellations and no shows will result in termination of our treatment agreement and your records can be forwarded to another dental office.

ALL BALANCES ARE DUE UPON RECEIPT

Billing all accounts which have not paid the estimated portion of their bill at the time of service will incur a \$5.00 billing charge each month until the balance is paid. Balances which are 30 days old or older will incur a monthly finance charge. There is also a \$30 returned check fee. Any account that has not received payment in 120 days will be handed over to a collection agency that will pursue the responsible party for reimbursement. This will negatively impact your credit history and limit the treatment you can receive at our office.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. We look forward to providing the highest quality dental care in a relaxing and caring atmosphere.