Art Work Dental Dr. Brian Work, DMD

Blending technology & artistry to create beautiful smiles.

Financial Policy Acknowledgement

Dr. Brian T. Work D.M.D

We are committed to providing you with the best possible dental care. Our fees reflect our professional commitment to excellence. In order to achieve these goals we need your assistance and your understanding of our payment policy. Please review this form in detail.

Your dental benefits are not intended to pay everything, but to assist with the costs of dental treatment. Generally, dental benefits pay a percentage of some procedures up to a set yearly maximum. Your benefits are established by a package your employer has purchased.

As a **courtesy** our front office staff will assist you in obtaining the maximum benefits specified in your benefit contract. Pre-authorizations are sent by your request only and we ask for your patience as your insurance company may take at least 30 days to respond to any correspondence we have sent them.

It is important that we do not allow dental benefits to be a determining factor in diagnosis. Your treatment will be based upon your needs; we assume that you are as concerned as we are about maintaining good dental health.

Payment Options / Financial Policies

- Payment is due in full by Cash, Check, Visa, MasterCard or Discover for each appointment before service is rendered.
- For patients with dental benefits we accept payments directly from the benefits company and we do require that your estimated portion be paid prior to services being rendered.
- We do offer Care Credit which we will assist you in applying for if necessary. Credit approval is required. (Please make inquiries with our front office staff)
- Full payment is due upon receipt of an outstanding bill. Our office does not accept monthly payments. If you are unable to pay your account in full, contact our financial administrator to discuss your options.
- An 18% charge will be assessed on all unpaid accounts over 60 days.
- If we are unable to receive payment from your benefit plan for any reason within four months of billing an original claim, you will be billed for the entire amount due.
- Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. Not all services are a covered benefit in contracts.
- We shall have the right to cancel your privilege to make charges against your account at any time. Future visits would then need to be paid in full at the time of service.
- The patient or legal guardians (not the insurance company) are responsible for all of our fees for services rendered to you.
- Please be aware that any parent bringing a child to our office is legally responsible for payment of all services rendered.
- All returned NSF checks will result in a charge of $30.00 to your account balance.
- We request a 48 hour notice to cancel or reschedule an appointment.

HIPPA & Privacy Policy Acknowledgement (Copy of HIPPA & Privacy Policy available at Front Desk)

Yes, *I have received a copy of the HIPPA & Privacy Policy* _____

Signature

No, *I have refused a copy of the HIPPA & Privacy Policy* _____

Signature

By signing below you indicate that you understand and agree to the policies and guidelines which have been outlined in this document.

_____	_____	___/___/___
Patient (Print Name)	Patient / Guardian's Signature	Date