



HOLDEN DENTAL CARE

Written Financial Policy

Thank you for choosing Holden Dental Care. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options you can choose from:

- Cash, Check, Visa®, MasterCard®, Discover Card®, or Amex®

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with Cash or Check at the start of treatment for treatment plans of \$300 or more.

- Convenient Monthly Payment Options (Subject to credit approval) from CareCredit Healthcare Credit Card allows you to pay over time with no annual fees or pre-payment penalties.

Holden Dental Care requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

We accept payment in thirds for treatments over \$1000. For plans requiring multiple appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$1500 or more, a 25% deposit is required to secure your initial treatment appointment.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment. (However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.)

Please be aware that any parent bringing a child to our office is legally responsible for payment of all services rendered. In the event of co-custody, the parent bringing the child will be responsible for payment.

Holden Dental Care charges \$30 for returned checks. If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

Regarding your insurance:

*Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. This office files insurance as a courtesy to you.

*Our fees generally, but not necessarily, fall within the usual and customary fee structure determined by your insurance carrier.

*Not all dental services are a covered benefit in all contracts.

***You** not the insurance companies are responsible to us for all fees for services rendered to you.

*For patients who have insurance, an **ESTIMATE** will be given of the benefits that the insurance company is expected to pay, any co-payment or deductible is expected at the time services are rendered. You are responsible for any denial or non-payment by your insurance company.

Unless you intend to pay in full for treatment as it is rendered, our office policy requires that the patient assign payment of the allowable insurance payments to our office by signing the agreement below.

I hereby authorize assignment of payment of my dental insurance benefits to Dr. Neal Novack DMD. This Assignment of Benefits shall be deemed ongoing until my dental insurance carrier receives written notice from me that I have revoked this agreement.

Subscriber Signature: _____ Date _____