



# FINANCIAL POLICY

## Written Financial Policy:

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

## Payment Options:

Cash, Checks, Visa, MasterCard, American Express, Discover Card, or Care Credit

PearlFection Dentistry requires payment at the beginning of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case. For large and more comprehensive treatment plans, a 50% deposit is required to secure your initial treatment visit or \$200 will be kept on deposit, whichever is less. Full payment will be due prior to any treatment plan being completed for most procedures, including but not limited to oral surgery, endodontic treatment, restorative procedures, and orthodontic treatment and periodontics procedures.

The outlined estimate we provide is based on limited information obtained from your insurance company. ***We expect you to pay your estimated share of the total fee at your visit and prior to treatment.*** Dental insurance rarely pays all of the charges, and you are always responsible for the total amount.

**Patients with Dental Insurance:** We are happy to work with your carrier to maximize your benefits and we will directly bill the insurance company for reimbursement for your treatment. Any amount not paid by the insurance company shall be the patient's responsibility. Some dental insurance send checks directly to the patient. When we know this is the insurance company's process, we will collect 100% of the total charge up front, even if there is a secondary carrier.

## Charges:

- A fee of \$50 is charged for patients who miss or cancel any appointment with less than 48 hours notice.
- PearlFection Dentistry charges \$35 for returned checks.
- PearlFection Dentistry expects any debts to be paid within 30 days. The first bill sent to the patient will be done at no cost. Any bill sent to the patient after the first will be charged a \$10 processing fee. Any bill outstanding longer than 60 days will be handed off to an outside collections agency. The debtor will be responsible for any collection agency fees.
- We reserve the right to charge 8% interest on past due balances beginning 30 days past the due date.

**Assignment of Benefits:** Patient hereby agrees to assign all dental benefits, to include major medical benefits to which they are entitled. Patient authorizes and directs insurance carrier to issue payment checks directly to Pearlfection Dentistry for dental services rendered to patient and patient's dependents regardless of insurance benefits. Patient understands that they are responsible for any amount not covered by insurance.

**Credit Card On File:** A credit card is required to be kept on file to pay for patients balances remaining after insurances payments are made. Charges of \$50 and less will be automatically charge to the card on file without notice. PearlFection Dentistry is not responsible for any charges levied by the credit card company. Patients will be notified of any charge over \$50. I authorize PearlFection Dentistry to charge any credit card I may have on file to make payments on my account of less than \$50. It is the patient's responsibility to notify PearlFection Dentistry if a card is not to be used after it is on file. **PLEASE PROVIDE YOUR CREDIT CARD TO THE RECEPTIONIST SO THAT WE MAY SWIPE IT INTO OUR SECURE ENCRYPTED DATABASE.**

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_