

DENTAL ASSOCIATES OF GROTON FINANCIAL POLICY

Thank you for choosing Dental Associates of Groton as your dental health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

All patients must complete our Information and Insurance forms before seeing the doctor.

- ◆ *FULL PAYMENT IS DUE AT TIME OF SERVICE.*
- ◆ *PATIENTS REQUESTING A BILL TO BE SENT WILL BE CHARGED TEN (\$10) DOLLARS IN ADDITION TO SERVICES CHARGED.*
- ◆ *WE ACCEPT CASH, CHECKS, or VISA/MASTERCARD.*
- ◆ *WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR APPROVAL By the Doctor.*

Regarding Insurance

We may accept assignment of insurance benefits for your first visit, if contact can be made to the insurer and prior approval of benefits ascertained. However, we do require 50% of the bill to be paid at time of service. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your insurance information and an original claim form. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we require that you be pre-approved on our extended payment plan and/or provide a credit card with authorization to bill that account for the balance plus any billing fees and any finance charges. If your insurance company has not paid your account in full within 45 days, the balance will automatically be transferred to your credit card or the prior agreed payment plan with the doctor. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under some dental insurance plans.

Regarding Insurance Plans where we are a Participating Provider. All co-pays and deductibles are due prior to treatment or immediately after. In the event your insurance coverage changes to a plan where we are not a participating provider, refer to above paragraph.

*It is your responsibility to notify us of any coverage changes prior to any future appointments. **Also SECONDARY COVERAGE WILL NOT BE RETRO-ACTIVE***

(over)