



**BALLARD DENTAL CARE**  
JEFFERY COLE, DDS

### **FINANCIAL POLICY**

Dental treatment is an investment in your general and dental health. We want to assist you in making financial arrangements and submitting your insurance claims. We will work with you to make financial arrangements as simple as possible.

We accept CASH, CHECKS, VISA, MC, AMEX and DISCVR. We charge \$25 for a returned check from your bank.

Because we schedule one-on-one time with each patient, ***we require a 48 hour notice if you are unable to make your appointment. Failure to do so will result in a \$75 charge to your account.*** We understand emergencies may occur at any time and will waive the \$75 charge.

We believe regular visits and preventive treatment are your best protection against long and costly procedures. However, when the costs of necessary treatment exceed your budget, we can help you create a financial payment plan prior to beginning treatment.

### **INSURANCE DISCLAIMER**

Our goal is to help you maximize your dental insurance benefits. As a courtesy, we are happy to bill your dental plan for services. When we call on your insurance and verify benefits it is not a guarantee of payment by the insurance company and may vary according to your individual plan when the actual claim is submitted.

***Any treatment plan that our office proposes to you is an estimate*** of what your insurance coverage will be, it is not a guarantee. If you need exact payment of benefits, then a pretreatment is required. If you would like this done, you must specify to Michelle, the practice manager, before any work is initiated. (This takes 4-6 weeks). \_\_\_\_\_ ***(Initial)***

Please remember that the contract itemizing your dental benefits is between you, your employer, and your insurance company. Regardless of coverage, ***your estimated co-payment is due in full the day of treatment unless you have a prearranged financial payment plan with Michelle.*** If your insurance plan does not pay within 120 days of treatment, you must pay any outstanding balance and seek reimbursement from your dental plan. If your dental plan pays more than expected, you will receive a refund check. Also remember dental insurance plans are not designed to cover all of your dental needs.

I, \_\_\_\_\_, have chosen to allow Ballard Dental Care to file my insurance and accept full responsibility for this account and for all dentistry performed upon my family in this dental office. I understand it is my responsibility to be aware of what type of dental plan I have. I also understand this office cannot guarantee my insurance company will cover all services rendered and it is only an estimate of Benefits. I also understand that if my insurance company does not pay within 120 days of my date of service then I will become responsible to pay at that time.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_