

# Atlantic Dental Associates

## Our Financial Agreement

We are committed to providing you with the best possible care, and would be pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship.

- Full payment is due at the time of service.
- We accept cash, checks, Visa, Mastercard, Discover and Care Credit.
- In cases of divorced or separated parents, our policy is that the parent bringing the child into our office for services must be responsible for any balance.

### Regarding Dental Insurance:

As a courtesy to our patients we will submit claims on your behalf to any dental insurance carrier with the exception of Medicare or Mainecare. Any balance, however, is ultimately your responsibility. We are in-network providers for Northeast Delta Dental and the Federal Employee program of Anthem Blue Cross and Blue Shield.

Insurance co-pays are due at the time of service. For all procedures other than a dental cleaning, you must pay at least 20% of the total charges at the time of service. Some procedures may require 50% co-pay. Late payment charges are added to unpaid accounts after 60 days from the date of service. If your insurance company pays more than we have estimated, we will send a refund check to you immediately.

Please be advised insurance is a contract between you and your insurance company. We are not a party to this contract. Any benefit information quoted by our office is an estimate only and does not guarantee coverage. It is your (the patient's or the insured's) responsibility to contact your insurance company to verify benefit information prior to treatment. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary charges", etc. other than to supply factual information as necessary.

### Broken Appointments:

If unable to keep a scheduled appointment, we require 24 hours notice. The second time an appointment is broken, there will be a \$25 charge. Repeated missed appointments may result in dismissal from the practice.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

Responsible Party Signature: \_\_\_\_\_

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