

## **FINANCIAL ARRANGEMENTS AND DENTAL INSURANCE**

Campbell Family and Cosmetic Dentistry is committed to providing you with the best possible care. If you have dental insurance, we are happy to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

**Payment is due at the time services are rendered. Our payment options are listed below:**

1. We accept Cash, MasterCard, Visa, American Express, & Discover.
2. We accept Care Credit, which is a third-party credit source that offers interest-free financing options. Please let us know in advance if you would like to start the approval process.

**A \$25 cancelation fee will be charged to all appointments not cancelled within 24 hours.**

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (such as 50% or 80%) of "U.C.R." is defined as usual, customary, and reasonable. This statement does not apply to companies that reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all insurance plans. All insurance companies arbitrarily select certain services they will not cover.
4. You will be fully responsible for any balance not paid by insurance sixty days after your claim has been submitted. You will receive a bill from us showing the outstanding balance.

**We must emphasize that, as dental care providers, our relationship is with you, not your insurance company.**

While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. If you have any questions about the above information or any uncertainty regarding your insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

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