

DENTISTRY 2000
DAVID C. COTTY, D.M.D. & ASSOCIATES, P.A.
FAMILY AND COSMETIC DENTISTRY

Financial Policy for Our Patients

Thank you for choosing us as your dental health care provider. We are committed to your visit being a pleasant and positive experience. Please read and sign the following financial information. It will help you meet the goals you have for your dental health.

Our office wants our patients to be able to comfortably afford quality dental care. We understand that when out-of-pocket fees exceed \$200, it may be difficult to afford quality dental treatment. Therefore, we are pleased to offer the following financial policy so that you may have the opportunity to decide which payment option best suits your needs.

Insurance: Our office understands the value of insurance benefits to our patients. We will fill out and file your insurance forms at no charge, as a courtesy to you for your patronage. We will **estimate** your deductible and your amount of covered benefits for your needed treatment. Please understand that the expected payment from your insurance company is **only an estimate**, and will most likely differ from their actual payment on your claim.

We must also remind you that your entire balance at our office is ultimately your responsibility, regardless of insurance coverage. And, due to some insurance companies' desire to delay payment on some claims, we must require that financial arrangements be made with our office on all balances, whether payable by your insurance company or not. You can see why it is, therefore, important for you to become very active in the process of securing benefit payments from your insurance company. Because you hold the contract with the insurance company they are more likely to listen to you, the policyholder.

We will accept assignment of insurance benefits at your second visit. However, we do require 50% of the bill to be paid at the time of service. The total balance due is your responsibility whether your insurance company pays or not. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your insurance plan.

Usual and Customary Rates: Our practice is committed to providing the best treatment for our patients at a fair cost. Fees are determined by the quality of materials used, the time needed to perform the service, and the experience level and expertise of our doctor's and staff. These qualities may vary greatly with other dental offices. Since we at Dentistry 2000 strive for excellence in all we do, this may put us above the curve in some instances with insurance company's arbitrary determination of usual and customary rate.

Adult & Minor Patients: Adult patients are responsible for full payment. Parent and guardians accompanying minors are responsible for payment unless other arrangements have been made in advance.

Missed Appointments: Missed appointments are charged to your account at the rate of a normal office visit unless we receive at least a 24-hour notice.

Payment Options to Serve You:

1. **Bookkeeping Courtesy Prepayment Discount** (prepayment of treatment equaling \$900.00 or greater at the time of treatment acceptance):
Our office offers a bookkeeping courtesy of 5% to those patients paying for their entire treatment plan or treatment equaling \$900.00 or greater. This can be paid by cash, check or credit card. We accept all major credit cards.
2. **Financial Arrangements:** Financial arrangements can be made for your dental treatment for patients who are approved. We work with Citi Health Card & Care Credit for monthly financing.
3. **Payment-in-full, at the time of treatment for the treatment rendered**

Thank you for taking the time to read our Financial Policy. Please let us know if you have questions or concerns.

Patient / Guardian Signature

Date