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PATIENT TREATMENT AND FINANCIAL POLICY

Thank you for choosing Hayden Family Dental to provide your dental care. This Financial Agreement is indicative of our respect for your right to know ahead of time what our expectations are in the area of finances and insurance. If you have any questions or concerns about our financial agreement, please do not hesitate to ask.

TREATMENT: We will always recommend treatment based on optimal oral health care, not on insurance benefits. Insurance companies do not always have your best interest in mind when it comes to optimal treatment. The office makes no guarantee of payment by your insurance company, we will provide a treatment plan with an estimation of what is to be expected from insurance as a courtesy to you, but payment is ultimately decided by your insurance company.

MISSED APPOINTMENTS: When we schedule your appointment, this time is reserved exclusively for you. When you fail to notify us of your inability to keep the appointment, another patient in need of dentistry is unable to receive treatment. We request that you give us **at least** **24 hours**’ notice when you realize you cannot keep an appointment. A fee of $50.00 per hour scheduled may be charged for appointments cancelled within 24 hours. For example, if you are scheduled for two hours and break your appointment your fee will be $100.

INSURANCE POLICY: We ask that the patient familiarize themselves with their insurance policies; what they cover, frequencies, limitations, waiting periods, etc. It is not our responsibility as an office to know every individual plan, but to work effortlessly to provide the services you require. As a courtesy to you, we will submit all insurance claims on your behalf, and advocate for you in any follow-up processes that may be necessary. Insurance claims are typically handled in 30-60 days. If your insurance has not paid within 90 days of services rendered the balance will be transferred to the patients account and you will be responsible to pursue payment from the insurance company. The insured has a better ability to work with the insurance company. Not all the services we provide are covered benefits. Benefits differ from one insurance plan to another. Ultimately, all charges not paid by your insurance company are your responsibility regardless of the reason for nonpayment. **Fees for non-covered services, along with deductibles and copayments are due at the time of treatment.** At no time will we change treatment codes or dates of service to manipulate your insurance benefits. This is insurance fraud.

PATIENTS WITHOUT INSURANCE: We offer a great in office discount plan. Information is available upon request.

MINOR PATIENTS: The parent or guardian accompanying the minor is responsible for the full payment. In the case of divorced or separated parents, the parent accompanying the child is responsible for payment, unless arrangements are made prior to appointment.

RETURNED CHECKS: A $30.00 charge is applied when a check is returned by the bank. No exceptions.

PAYMENT: We accept cash, personal checks, debit cards, HSA cards, and all major credit cards. Third party financing is also available upon request and approval.

FINANCE CHARGES AND COLLECTION FEES: We understand temporary financial problems may affect timely payment of your balance. In those situations, we encourage you to communicate any such problems immediately so we may assist you in the management of your account. Accounts that are 90 days past due may be subject to a 10% interest charge. In the case that an account needs to be turned over to a collections agency there will be more charges accrued.

CONSENT & AUTHORIZATION: I have read and understand this document in its entirety, outlining office and financial policies of Hayden Family Dental. I authorize dental treatment and agree to pay all related professional fees. I agree to abide by the policies outlined in this document and take responsibility for my account balance.