

Best Choice Dental
Drs. Korb and Merat
Credit and Financial Policy

In compliance with the Federal Consumer Protection Act, Drs. Korb and Merat wish to notify you of our policies regarding the financial responsibilities associated with services rendered to you or a member of your household family.

1. You are financially responsible for all charges incurred at our office. Many dental insurance plans have exclusions in their policies, which do not allow coverage for certain procedures. Please be familiar with your plan as it is the patients' responsibility to pay for services not covered by insurance.
2. We will bill your insurance as a courtesy provided we are given the correct billing information. It is the patients' responsibility to follow up on all discrepancies.
3. Payment or co-payments for services rendered are due at the time you receive services. If proof of insurance is not provided, payment in full will be required. If insurance is verified following an appointment that was paid in full, we will promptly refund the patient.
4. The billing statement you receive will specify any outstanding patient balances. Payment for patient balances is due upon receipt of the statement.
5. We assess a 1.5% fee per month (18% per year) on all delinquent account balances. This monthly fee is applied to all patients balances that are 60 or more days past due.
6. We reserve the right to charge a cancellation fee if a patient is a no show for an appointment, OR an appointment has been cancelled or rescheduled with less than a 48-hour notice.
7. We reserve the right to charge an insufficient funds fee of \$25 in the event a patient's personal check does not clear the bank.

Our office strives to secure accurate dental insurance plan eligibility and benefits. COPAYMENTS COLLECTED AT THE TIME OF SERVICE ARE AN ESTIMATE ONLY AND NOT A GUARANTEE OF TOTAL AMOUNT DUE. The insurance reimbursement may increase or decrease once the claim has been processed.

Our fees are based upon a combination of our costs, our time and our constant dedication to providing our patients with the highest quality of dental care. The treatment recommended by our office is never based on what your dental plan will pay, your treatment should not be governed by you plan contract.

CARE CREDIT

We do offer an optional payment plan through Care Credit. This is a convenient, no down payment monthly payment plan with the option for 3, 6 or 12 months interest free. Upon approval your credit line is immediately available.

Signed _____ Date _____

If signing as a parent or guardian, please note the name of the patient _____