

## DENTAL INNOVATIONS FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Our fees are based on the quality materials we use and the time, effort, and skill required in performing your needed treatment. The following is a statement of our financial policy which we require that you read and sign prior to any treatment. Please understand that regardless of any insurance status, you are responsible for the balance due on your account. You are responsible for the cost of any and all services rendered.

### PAYMENT

Full payment is due at the time of service. If insurance benefits apply, your estimated patient responsibility amount is due at the time of service.

### INSURANCE

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, our office is happy to assist in contacting your insurance company for pre-treatment estimates, upon your request. It is impossible for us to have knowledge and keep track of every aspect of your insurance. It is up to you to contact your insurance company and inquire as to what benefits you have. If you have any questions concerning coverage or estimates for services, it is your responsibility to contact your insurance company for answers prior to treatment. Please be aware some or perhaps all of the services provided may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays any portion. Again, based on estimated insurance coverage, your patient responsibility amount is due at the time of service.

### WE ACCEPT CARE CREDIT

An option for payment is Care Credit. Care Credit has offered interest-free payment plans of up to 24 months and payment plans with interest for terms up to 60 months – any plan is subject to their terms and conditions. Our practice accepts Care Credit but we have no influence on their promotions or terms. Please apply with Care Credit directly on their website (carecredit.com) or with them on the phone at 1-800-677-0718.

### MISSED APPOINTMENTS

When you make an appointment, our dental professional reserves time on their calendar for you. Please be respectful to keep the appointment or provide notice of cancellation at least 24 hours in advance. If you don't provide at least 24 hours' notice of cancellation, you will be charged \$50.00. This fee is not billable to insurance or Medicaid. Please help us service you better by keeping scheduled appointments.

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### PATIENT PHOTO and INFORMATION RELEASE

I hereby authorize Dental Innovations to take photographs, slides and/or videos of my face, jaw and teeth. I understand that the photos, slides and/or videos will be used as a record of my care and may be used for educational purposes in lectures, demonstrations, advertising and professional publications, including website publication. I further understand that the photos, slides and/or videos used may include my name or other identifying information. I do not expect compensation, financial or otherwise, for the use of these photographs.

\_\_\_\_\_ I **CONSENT** to having my name, photos, slides and/or videos released

\_\_\_\_\_ I **CONSENT** to having only my photos, slides and/or videos released

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**PATIENT/RESPONSIBLE PARTY:** \_\_\_\_\_

**RESPONSIBLE PARTY SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_