



Financial Policy Agreement

Please review and the following information then sign and date below.

Please pay special attention to the policies which have been highlighted & have *** by them. Thank you!

Outstanding Patient Service is Our Goal

The goal of Bellecare Dental is to make sure you receive the highest quality dental care and service. One step towards that goal is to make certain that our financial policies are clear and understood by you, our patient.

Insurance – We go the Extra Mile***

If you have insurance, we will make a good faith estimate of your benefits. We will take care of completing and filing the appropriate claim forms with your insurance provider. We will also track your claim and make sure that it is paid in a timely manner. We are also happy to provide your insurance x-rays or other information they may require.

If your claim is denied, as a courtesy, we will resubmit the claim to your insurance for a second time. If your insurer denies coverage due to incorrect policy holder information provided by you to our office, the balance of the claim will become the patient’s responsibility. We will be glad to provide all information when/if an attempt is made to process the denied claim. Please remember that your coverage is a contract between you and your insurer and/or your employer and your insurer. Although we will make every effort to help you obtain your benefits, we cannot compel your insurer to pay.

I understand that although my insurance states that services are covered there is no guarantee of coverage for services until the claim has been processed through the insurance company. I agree to pay any difference of a claim if the insurance does not cover my services rendered.

Your Payment is due at the Time of Treatment***

Co-pays for service are due at the time of treatment after deduction of your good faith estimate of insurance benefits.

Payment Options***

Our office accepts cash, check, Visa and MasterCard.* If you require a deferred payment option we do offer Care Credit, a no interested line of credit. If you would like to take advantage of this deferred payment option, please ask for the short and simple application. Approval takes only a few minutes. If you wish to break a balance due into two or more payments, please speak with our office about setting up a payment agreement.

*For the first appointment any payment made must be by cash, Visa or MasterCard. Thereafter, checks may be accepted as a form of payment. If your check does not clear, a \$10 NSF service charge will be posted to your account for each check.

Your Responsibility***

I acknowledge my responsibility for payment of services received from Bellecare Dental in accordance with their regular fees and terms I understand that this account becomes delinquent if not paid within 30 days after date of service and at the time a monthly finance charge of 1.8% of the account balance will be charged until the balance is paid in full.

Assignment and Release

I authorize payment to be made directly to the dentist by my insurance company and I accept financial responsibility for all services not covered by my insurance and I authorize release of any health care information requested by my insurance carrier

Patient or Parent/Guardian Signature: _____ Date: _____
Staff Members Signature: _____ Date: _____