



*Digital Dentistry at Southpoint*  
Technology that makes you smile

## **Financial Policy**

Thank you for choosing Digital Dentistry @ Southpoint as your dental healthcare provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. We will work very hard to ensure your paperwork is filed accurately and promptly to assist you in receiving the maximum dental benefits that your plan allows.

The following is a statement of our Financial Policy, which we request you read and sign prior to your treatment. All Patients must complete our Health History Form and, if you wish us to file your insurance, provide proof of insurance coverage prior to seeing the dentist or hygienist.

**WE WILL FILE YOUR SERVICES TO YOUR INSURANCE CARRIER; HOWEVER, YOUR PORTION OF THE BILL IS DUE AT THE TIME THE SERVICES ARE RENDERED.**

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, DISCOVER CARD AND AMEX.

WE OFFER CARE CREDIT AND CITI HEALTHCARD FOR THIRD PARTY FINANCING, WHICH CAN INCLUDE 0% FINANCING FOR 3 – 18 MONTHS FOR QUALIFIED PERSONS.

### **REGARDING INSURANCE**

Please understand that insurance reimbursement can be a long and difficult process for our office. In fact, insurers will routinely stall, deny, and reduce payments. To that end, we have undergone extensive and rigorous training to maximize your insurance reimbursement, while reducing the time by which they pay.

We will accept assignment of insurance benefits commencing with your first visit, if your insurance carrier has a record of paying the provider. If you have a policy that pays to the patient only, you will be responsible for filing. The balance is your responsibility whether your insurance company pays or not. We cannot submit your insurance claim(s) unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not party to that contract. If your

insurance company has not paid its portion of your claims within sixty (60) days, the balance will become your responsibility. Please be aware that some, or perhaps all, of the services provided may be considered non-covered services and not considered reasonable and necessary under your plan. We file with hundreds of different insurance companies and cannot possibly know the benefits or limitations of all policies. As the dental plan beneficiary, please make it your responsibility to know and thoroughly understand what your plan does cover.

Additionally, we will file secondary insurance for you but will only use one insurance policy when calculating your portion. In many cases, secondary insurance considers what primary insurance pays to be compensation enough or have other clause limitations that they use to determine coordination of benefits. Any subsequent payments from secondary insurance will be refunded to you or remain as a credit on your account.

### **USUAL AND CUSTOMARY RATES**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

### **BILLING/FINANCE CHARGES**

A monthly finance charge of 1.5% will be calculated to unpaid balances.

### **MISSED APPOINTMENTS**

Please help us to serve you better by keeping scheduled appointments. Unless cancelled, **at least 24 hours in advance**, our policy is to charge \$40.00 for missed appointments. **Three missed appointments may result in dismissal from the practice.**

### **COLLECTION SERVICES**

Should your account be placed with an outside collection agency, a \$40.00 collection fee will be charged to your account. Any Patient with unpaid balances that have been forwarded to a collection agency will not receive services unless the balance had been paid in full or unless emergency care is needed.

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

The following companies provide financing for our patients:

**CareCredit**  
[www.carecredit.com](http://www.carecredit.com)

**CITI Health Card**  
[www.healthcard.citicards.com](http://www.healthcard.citicards.com)