

Paul W. Clancy, DDS, P.C.

Payment Policy, Financial Arrangements and Insurance Responsibility

We are committed to providing you with the best possible care. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

In an effort to control our dental expenses, payment is due at the time services are provided unless payment arrangements have been approved in advance. We accept cash, checks, and money orders, Master Card or Visa. Dental work which takes a few weeks to complete (dentures, crowns, and bridge work, etc.) requires a down payment when the work is started (50% of the total fee). Payments may be made while the work is in progress, but the total fee is expected to be paid in full when the work is completed unless financial arrangements are discussed prior to treatment. Care Credit financing is also available to allow extended payment plans which may be interest free for up to one year.

If you have dental insurance we are anxious to help you receive your maximum allowable benefits. We must emphasize that as dental care providers, our relationship is with you, and not your insurance company.. All charges are your responsibility from the date the services are rendered. Due to ongoing insurance policy changes, it is no longer an easy task to monitor the vast number of policies. Insurance companies offer many different types of dental coverage. Most of the plans require the patient to pay an annual deductible. This is the amount deducted before the insurance company will begin to pay. Your policy will have a co-insurance. This is the percentage portion not covered by your insurance—the part payable by you. Some companies have a co-pay which is an amount due at each visit. If a service is not covered by the insurance plan, by law, the patient is usually responsible.

The billing staff will charge you according to the information provided by your insurance company. When we receive payment, if your insurance company has determined you owe additional charges, as required by law, you will be billed. All balances must be paid promptly. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, please contact us for assistance in the management of your account. **I agree to pay for all charges not covered by my insurance.**

Return Checks are subject to a \$35.00 banking fee.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

I have read and understand the above information and agree to pay Paul W. Clancy, DDS, PC as stated above.

Signature

Date

Witnessed

Date

PWC:9/18