



Heritage  
Family Dental, P.C.

## Financial Policy

Our goal is to provide you with the highest quality of dental care possible and to have a clear communication of our financial policy.

**Payment of fees for services provided at our office is required at the time of your visit.**

In addition to cash and personal checks, we accept most major credit cards and CareCredit<sup>®</sup> financing.

For treatment involving fees of \$500 or more, special financing arrangements may be considered.

For minor patients, the parent/guardian requesting and authorizing treatment for the minor is responsible for payment of all fees incurred during the evaluation and treatment of that child.

We understand unforeseen events can prevent you from being able to provide a 24 business hour notice, however a **\$50 missed/late appointment fee** will still be assessed to your account since instruments, chairs, and personnel are reserved exclusively for your appointment.

A pre-determination letter will be submitted to your insurance prior to beginning any major dental work (crowns, bridges, implants, partial dentures, and complete dentures). We will start treatment only after we have received a response from your insurance carrier regarding coverage and estimation of treatment fees. This process may take up to 4 weeks or more.

\* You may opt to start treatment **BEFORE** we receive the insurance pre-determination, however *you will be responsible for payment of the service in full* at the time we start treatment. Any insurance benefit for this procedure will be credited back to the patient upon receipt from the insurance company.

\* A pre-determination approval **DOES NOT** guarantee your insurance will pay for the procedure upon submission after the completion of your treatment.

Treatment fees are **ESTIMATES ONLY**, and are valid for thirty (30) days from the date planned, and are subject to revision. Treatment could be altered if your dental needs change. The patient would be notified of any change(s) in treatment.

The estimated insurance benefit amount is an **ESTIMATE ONLY**. The patient is responsible for insurance claims not paid within 45 days of service and will be reimbursed when the insurance company pays.

For crowns, bridges, implants, and extractions, the full patient portion fees are due no later than the day of treatment.

For full and partial dentures, 50% of the patient portion fees are due on the day of final impressions. The remaining 50% of the fees are due prior to delivery of the final product.

***Excessive delay of treatment, delivery of the final product, failure to follow prescribed maintenance plans, and/or missed appointments can result in further treatment for the involved teeth, supporting tissues, adjacent and opposing teeth, muscles or joints and will be based on the current fee.***

***Any balance over 45 days will be subject to a 1 ½ % per month (18%) per annum late fee and the patient may be liable for any attorney fees incurred in the collection of the delinquent balance.***

**Failure to pay your patient fees and keep your account current can result in termination of the Doctor-Patient relationship.**