

MICHAEL A. HESS, D. D.S. FINANCIAL POLICY

We are committed to providing you with the highest quality care. Everyone benefits when office and financial policy arrangements are understood. The following is our policy regarding payment.

1. Payment is due at the time service is provided. We accept cash, checks, Mastercard, Visa and Discover. A \$25 returned check fee will be charged for all returned checks.
2. For patients with dental insurance-your insurance is a contract between you, your employer and your insurance company. We are NOT a party to your benefit contract. As a courtesy to you we will file all of your insurance claims. We ask that on the day of your appointment you pay your deductible and the estimated co-pay. Your co-pay is an estimate only and all the charges you incur are your responsibility regardless of your insurance coverage. Insurance companies have a wide variety of rules, plan limitations and exclusions that our office may not be aware of. We will cooperate fully with the regulations and requests of your insurance company that may assist in the claim being paid. However, this office will not enter into a dispute with your insurance company over any claim. If your insurance company has not made payment within 60 days, the unpaid balance becomes your responsibility and may be subject to the collection process.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Please be advised, we treat patients based on a dental need NOT by insurance coverage. Your dental treatment will be decided by Dr. Hess and the patient, not the insurance company. You will be responsible for charges not covered by your insurance company.
4. The parent or legal custodian that brings a minor child in for dental treatment is the person that we will hold legally responsible for the balance due.
5. Your appointment time is reserved for you. If you are late for your appointment, we may not be able to accommodate you. If you think that you will be late, please call as soon as possible that we may advise you if your late arrival can be accommodated, or if we will need to reschedule you.
6. At this time we do not charge interest on unpaid balances. However, this is subject to change at any time.

If you have any questions or concerns about any of the above policies or any questions regarding your insurance coverage, please do not hesitate to call.

Consent: I have read, understand and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to my dental office.

\_\_\_\_\_  
Signature (patient or responsible party)

\_\_\_\_\_  
Date