
Financial Policy

Patient Name: John S Doe

Birth Date: 1/2/2016

Financial Policy

This statement is to inform you of our financial policy. Our office is committed to providing you with the highest quality dental care using only the best material and technology in dentistry today. We are also committed to providing you up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. Our financial policy is designed to facilitate excellent service while minimizing our administrative costs.

INSURANCE

All charges you incur are your responsibility regardless of any insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Our office is not privileged to their contract or payment schedule.

As a courtesy to you we will help you process all your insurance claims. We will submit the appropriate attachments, such as x-rays, periodontal charting or narration's. In order for our office to file your insurance claims you must provide us accurate insurance information before any dental treatment is preformed, as we are not responsible for problems created by incorrect insurance information.

PAYMENT

Payment is due at the time service is provided (for sedation appointments, in advance. Our office accepts Cash, Personal Checks, MasterCard, Visa, Discover and American Express. Returned checks will be subject to a service charge.

Finance charges incur at the rate of 1.8% per month (21.6% annually) on balance over 30 days old. For specific situations we will permit some payments to extend over the 30 day period, with balance paid in full.

I have read and understand Norfolk County Dental Associates financial policy. I agree to assign insurance benefits to Norfolk County Dental Associates. I also agree that should it become necessary to forward my account for collection proceedings that I will be responsible for fees associated with the costs of collection, in addition to the amount owed.

Signature

Date of signing	1/2/2025
Name	Jane Roe
IP Address	127.0.0.1

Signature

Date of signing	1/2/2025
Relationship to the patient	Guardian
Name	Jane Roe
IP Address	127.0.0.1

Signature