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**Dr. Garnet Jack DMD**

**Financial Policy**

Welcome! Thank you for selecting us as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

**FINANCIAL AGREEMENT:**

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Payments may be made using cash, check, Visa, Mastercard and/or Discover. We also offer CARECREDIT and BEWELL, which are financing options that are available only for healthcare expenses. We will mail or call patients with monthly statements to all patients with an outstanding balance charge.

**INSURANCE AGREEMENT:**

 As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We will help you to receive your maximum allowable benefits. In order to do this we need your insurance card and/or insurance policy with you on your first visit of every calendar year (your insurance year may not run January – December)

Our doctors will diagnose treatment based on your dental health not your insurance coverage.

*You must realize that:*

Dental insurance isn’t really insurance (a payment to cover the cost of a loss) at all. It is actually a money benefit, typically provided by an employer, to help their employees pay for routine dental services. The employer usually buys a plan based on the amount of the benefit and how much the premium costs per month. Most benefit plans are only designed to cover a portion of the total cost of a person’s necessary dental treatment. For example, a dentist may recommend a crown for a tooth that has extensive decay, however, the dental plan may only cover the cost of a filling.

This does not mean that the patient does not need a crown, only that the benefit is limited to a filling. If your insurance has not paid within 30days of services rendered, you will need to make full payment to this office.

All current documentation will be provided by mail in order to assist your inquiries.

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**The insured has a better ability to deal with the insurance company and the employer responsible for the policy.** **Please indicate your understanding and acceptance of these financial policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your dependent children who are patients of the practice.**

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**Patient's Name ( Please Print)**

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**Patient's Signature Date**

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**Niloufar Sobhani RDA, DA Date**