RENTON
DENTAL ARTS

Financial Policy

Our practice is committed to providing you with the quality care that you expect and deserve from a professional dental practice. We recognize that you may have questions relating to our financial and insurance billing practices therefore, we encourage you to ask our staff questions at any time.

Often the assumption is made that if a person has insurance, then it is the insurance company who owes the doctor for their services. As the insurance contract is between the patient and the insurance company alone, it is the patient who is responsible for the bill, regardless of insurance coverage determination. We are happy to bill your primary or secondary insurance company for you as a courtesy. Please keep in mind that the responsibility for the payment remains with the patient.

I. IF YOU ARE COVERED BY INSURANCE

Patients with insurance are expected to make a down payment (copays) at the time of service. This amount is based on an estimate of the portion not covered by your insurance. It is your responsibility to know the terms of your insurance coverage, as well as any exclusion, limitations, deductibles and copays.

II. IF YOU ARE NOT COVERED BY INSURANCE

If you do not have insurance, payment for services is expected at the time of treatment.

III. PAYMENT OPTIONS

Payments may be made with VISA, MasterCard, Discover Card, American Express, debit card, cash or personal check. There will be a $35.00 fee on all returned checks unpaid by your bank. A 1% interest charge (12% APR) will be charged monthly on account balances 60 days or older.

IV. CANCELLATION AND MISSED APPOINTMENTS

Your appointment is designed specifically for you. If you need to change or cancel your appointment, we require you do so within 48 office hours of your scheduled appointment. **Appointment cancellations made less than 48 office hours prior to your scheduled appointment and missed appointments are subject to a fee of $35/per scheduled hour.** (Example. 1 hour appointment $35.00; 2 hour appointment $70.00)

V. AUTHORIZATION

With my signature below, I hereby authorize release of any relevant information necessary to process a claim(s) to my insurance company. I also authorize any insurance benefits otherwise payable to me to be paid directly to Renton Dental Arts for providing services.

PLEASE SIGN AND RETURN TO THE RECEPTIONIST

I acknowledge that I am financially responsible for all charges. If it becomes necessary to use a collection agency for any amount owed on this or subsequent visits, the undersigned agrees to pay for all legal costs and expenses, including reasonable attorney fees. I hereby authorize the doctor to release information necessary to secure payment.

Signature: _____

Printed Name: _____

Date: _____