

# Heaton Fisch Dental

## FINANCIAL POLICY

Thank you for being an important member of our dental family.  
We appreciate your understanding of and adhering to our financial policy.

- Payment is due at the time service is provided. We accept cash, check, Visa, Mastercard and CareCredit. Any personal check returned unpaid or with non-sufficient funds (NSF) will incur a \$35.00 NSF check fee.
- For patients who need extended payments we are pleased to offer CareCredit. Upon approved credit and for procedures greater than \$300.00, you can utilize the interest free 12-month payment option. Please ask for more information on CareCredit.
- If you have dental insurance, we will continue to file your claims. Please keep in mind that dental insurance is a benefit for the patient provided by their employer and the contract lies between the patient, employer, and the insurance company. Our office is not a party to your insurance contract.
  - We ask that you take care of your deductible and or co-payment on the day of appointment. The co-payment is just an estimate of cost not covered by your dental insurance. Once insurance has paid their portion, a statement will be sent to you for any remaining balance and will be due upon receipt. If your insurance company has not made payment within 60 days, the unpaid balance will be your responsibility.
- Medicaid is not accepted as a secondary insurance.
- Balances older than 90 days may be subject to interest charge of 1.5% per month, from the date of service, until the account is paid in full. If a payment has not been received during the 90 days, you will be notified prior to involving a collection agency.

We always welcome any questions you may have regarding your dental care or our financial policy.

*I have read, understand and agree to the above terms and conditions.*

*I authorize my insurance company to pay my dental benefits directly to Heaton & Fisch Dental Assoc.*

*I understand that responsibility for payment for dental services provided in this office for myself or my dependents is due and payable at the time services are rendered.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family members I am financially responsible for: \_\_\_\_\_