

Heritage Oak Dental Financial Policy

Thank you for choosing us for your dental needs! We are committed to providing you with excellent care and convenient financial arrangements. Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and patients' financial arrangements. To confirm your understanding and agreement with our policies, please read:

Payment

Payment in full is due at the time of service unless prior written and signed financial arrangements are made.

For your convenience, we offer several payment options:

- Cash, Check, Debit, Visa, and MasterCard
- Care Credit Financing
- Written Payment Plans in accordance with office credit guidelines

Refunds

Refunds will be processed in a timely manner monthly as part of our statement service. Refunds for services not rendered will be adjusted for any services provided, merchant fees, or scheduling deposits.

Insurance

We welcome dental insurance and accept most dental plans. As a courtesy to you, we are happy to file your insurance claims and assist you in fully utilizing your dental benefits. We will gladly estimate your expected payment. The patient portion of particular dental service(s) is estimated and due at the time of service. This amount may be subject to adjustment when the dental service(s) claim(s) are adjudicated by the insurance company. The patient is responsible for verifying their benefits and for any remaining balance. Insurance policies vary greatly. Therefore, due to the complexity of insurance contracts, we can only estimate in good faith, not guarantee coverage. As a service to our patients, we will bill your insurance company for service, and allow 45 days for them to render payment. After 60 days, you are responsible for the entire balance and it will be due in full. Insurance limitations, downgrades, and exclusions does not dictate your dental care. If you have any questions, our courteous staff is always available to answer them.

Minors

When services are planned for minors, the accompanying parent or guardian is responsible for payment. The responsible party must be present and sign consents at the time of all services.

Delinquent Payments

A service charge of 1.5% monthly on unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied. All returned payments due to non-sufficient funds will be subject to a NSF fee of \$40 per occurrence. Fees incurred to collect payment will be billed to and payable by the responsible party.

Missed Appointments

We require 24 business hours' notice for any change or cancellation to your appointment. Our policy is to charge \$50 for missed appointments with the hygienists and \$250 for missed appointments scheduled for treatment with the doctor. Also, if a patient is more than 15 minutes late, there may be a need to reschedule and a fee may apply. Scheduling deposits are forfeited at missed appointments. Please help us serve you better by keeping scheduled appointments. All extensive or appointments requiring sedation include a nonrefundable deposit for scheduling and will be further detailed in the financial arrangement.

Thank you for putting your care and trust in Heritage Oak Dental.

X _____
Signature of Parent/Guardian/Responsible Party

Date: ___ / ___ / _____