

FINANCIAL POLICY

Thank you for choosing the Boerne Dental Center as your Dental healthcare provider. We are committed to providing you and your family with the best available care. In our ongoing process to make sure that all your dental needs are met, our billing department will be available to discuss our fees and this policy with you.

We ask that all responsible parties read and sign our financial policy as well as complete the patient information forms prior to seeing the dentist.

Payments for all services will be due at the time services are rendered. In order to serve you better, we accept cash, check, Visa, MasterCard, Discover, American Express and Care Credit. As a courtesy to you, it is the policy of the Boerne Dental Center to bill your insurance carrier, although you are ultimately responsible for the entire bill. As the responsible party, please understand:

(PLEASE INITIAL THE FOLLOWING)

____ 1. Your insurance policy is a contract between you, your employer, and the insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company. We will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance and "usual and customary" charges. As your dental provider, we will only supply factual information to facilitate claim processing.

____ 2. Fees for services, which include unpaid balances, deductibles and co-payments, are due at the time of service. Returned checks and unpaid balances may be subject to collection placement, and collection fees.

____ 3. All charges are your responsibility whether you're insurance company pays or does not pay. If your insurance carrier does not remit payment within ninety days, the balance will be due in full from you. If any payment is made directly to you for services billed by the Boerne Dental Center, you need to recognize and are obligated to promptly remit payment to the Boerne Dental Center.

____ 4. You understand and agree that if you fail to make any of the payments for which you are responsible for in a timely manner, after such default and upon referral to a collection agency or attorney by the Boerne Dental Center, you will be responsible for all costs of collecting monies owed, including court costs, collections agency fees, and attorney fees.

____ 5. Any non-payment by your insurance after 90 days will become your responsibility. All accounts due past 90 days will be assessed a 2% fee per month based on the account balance.

At the Boerne Dental Center, we understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us, so that we may assist you in keeping your account in good standing. If you have any questions, please call (830) 249-2045.

I UNDERSTAND THE ABOVE INFORMATION AND WILL BE RESPONSIBLE FOR MY ACCOUNT.

Printed Name of Patient: _____

Signature of Patient or Responsible Party

Date