



Financial Policy

Thank you for choosing Neu Family Dental as your dental health care provider. 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 highly involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

Financial Agreement:

Patients are required to pay for dental services at the time they are rendered. Our patients who have dental insurance are required to pay the amount of their estimated co-pay and deductible at the time of service. Patients without insurance are required to pay at time of service unless otherwise agreed upon by Financial Coordinators. Payments may be made using cash, check, Visa, MasterCard, American Express and/or Discover. We also offer CARECREDIT, a financing option that is available only for healthcare expenses.

Initial: _____

Insurance Information:

We do not work for any insurance company, we work with the information they provide to ensure you receive your maximum benefits. It is the patients' responsibility to know their insurance coverage. Any contracts of insurance are between the patient and insurance company. As a courtesy to our insured patients, we will do complimentary benefits checks and will submit claims to your insurance company free of charge to ensure you receive your maximum benefits. Treatment recommendations and fees will be based off of individual needs, NOT insurance coverage. Patient is responsible for what the insurance does not pay.

Initial: _____

Statements and Billing:

Patients will be billed automatically at the end of each month. Account balances are to be paid within 30 days from the statement date. Any bill not paid in full must be pre-approved by our billing department. Failure to pay balance in full after 90 days will result in the account being put into a collection process.

Initial: _____

Appointments:

In order to serve our patients better, we try to maintain an efficient schedule. We request at least 24-hour notice for any cancelled appointment to avoid a cancellation fee. Neu Family Dental will charge \$50 for each hour reserved for a cancellation within 24 hours of the scheduled appointment time. If your schedule changes frequently or appointments are consistently missed, we will add you to a quick call list and schedule accordingly based on convenience of patients.

Initial: _____

Minors/Parents/Guardians:

Parents/Guardians are responsible for the payment of the minors account. In all cases, the Parent/Guardian that accompanies the minor assumes all financial responsibility of the minors account.

Initial: _____

I have read the above. I understand and agree to these policies.

(Print Name)

(Date)

(Signature of Responsible Party)