

Stutler Dental DENTAL CARE

YOU CAN SMILE ABOUT

Insurance and Financial Policy

At **Stutler Dental**, we believe that you deserve excellent care. That's why we always present you with the best dental solution possible to treat your personal situation. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits but some don't. If you have dental benefits, congratulations! You are very fortunate. Either way, here are some important things you should know:

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_____ Your dental benefits are based upon a contract between you, your employer and your insurance company. **If you have questions regarding your dental benefits please contact your employer or insurance company directly. Insurance plans are only meant to assist you with the investment in your dental care. They very rarely pay for the total cost of treatment.**

_____ We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for our services). This means that we work with literally thousands of companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE.**

_____ We will bill your insurance as a courtesy. If insurance does not pay within 90 days, **Stutler Dental** reserves the right to request payment in full from you. You may then collect the funds that are due you directly from the insurance company. This rarely happens, but it is important that you recognize that your insurance is a legal contract between **YOU, your employer and your insurance carrier.** Our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

_____ **Stutler Dental** does require payment of your portion in full at the time of service. We accept MasterCard, Visa, cash and checks. For larger balances, we offer extended financial options through CareCredit. With approval you may choose from 3, 6, & 12 months "same as cash" plans, or up to 36 months financing with an interest bearing revolving charge account. Our staff will be happy to assist you with this option. In the event that your account becomes delinquent, you will be responsible for all costs associated with collecting the amount due, including, but not limited to, mailing fees and small claims court filing fees.

_____ A specific amount of time is reserved exclusively for you and we strongly encourage all patients to keep their scheduled appointments. If you must change your appointment, we require at least **24 hour** notice to avoid a \$35/hour cancellation fee (emergencies are an exception).

_____ In the event of an emergency after regular business hours a **\$55 emergency fee** will be charged for established patients in addition to the necessary treatment fees. Patients who are not established in the practice will be charged **\$125 after hours emergency fee.**

I agree with the above conditions.

Print Name: _____ **Date:** _____

Patient/Parent Signature: _____