

DENTAL INSURANCE AND PAYMENT POLICY

Thank you for choosing our office for your dental care. Full payment for service is due on the date of treatment. Our practice offers various payment and financing options to meet our patients needs. As a courtesy, we will gladly assign payments for dental treatment from your insurance company directly to our office. Dental insurance is a contract between you, your employer or plan sponsor, and the insurance company. These contracts vary widely; therefore, we will do our best to estimate the portion your insurance company will pay towards your treatment and process any claims needed. **We cannot guarantee payment from your insurance company and your balance may be different than our estimate. In the event that your insurance company refuses to pay all or a portion of your claim, you will be responsible for payment for your dental treatment.**

If you choose to have Sip Signature Dentistry assign payments for your dental treatment from your insurance company, **you must agree to some conditions**, such as:

1. We must have a **valid credit card number on file** for you and/or your family.
2. You agree that the charges you incur here are **your responsibility regardless of what your insurance company pays or does not pay** toward your treatment.
3. **You agree to pay your bill in full (via credit card on file) if your insurance company has not paid within 90 days.** You understand that you insurance company may ask for additional information and we will provide this information upon request. If this happens, it is possible that payment will be delayed and not received within 90 days, in which case you agree to authorize us to charge your credit card for any outstanding balance. If for any reason there is an overpayment on your account, a refund check will be sent to the party who overpaid.
4. **You agree that we are not to be responsible for knowing the various scenarios in which your insurance does not pay for services.** Such scenarios include pre-existing conditions, waiting periods, x-rays which can only be paid on every so often, less costly alternatives, required pre-authorizations, etc. Your insurance company may use these and other reasons to avoid paying your claim. We will try to provide you with as much information as possible; however, we will not be responsible for knowing the various intricacies of your particular insurance contract. You will need to be responsible for knowing your benefits and informing us of any changes.
5. **If you do not wish to leave a credit card on file, we will require that you pay for treatment in full at time of service, no exceptions. We can then provide you with the required information so that you may submit for reimbursement from your insurance company. Another option you have is to use an outside billing agency.** This type of agency works like a credit card. Once you are approved, the agency will pay the office in full and you will pay nothing to us at time of treatment. You can then **pay the agency on a monthly basis at your convenience.** You may also submit to your insurance company for reimbursement and then use that to pay the billing agency back.

Credit Card Authorization

I understand that the fees I incur at Sip Signature Dentistry are ultimately my responsibility regardless of whether or not my insurance covers my treatment for whatever reason. I authorize the staff of Sip Signature Dentistry to charge my credit card any balance that is outstanding after my insurance pays or after 90 days from the date of service whichever shall come first. I extend this same authorization for the account of my spouse and/or dependents.

Patient(s) Name: _____

Credit Card Type: Visa Mastercard American Express Discover

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Cardholder Signature: _____