



## Financial Policy

Thank you for choosing Elrod and Dunham Dentistry as your dental care provider. We are committed to providing high-quality treatment and ensuring your experience is as smooth as possible. Please understand that payment for services is considered part of your overall treatment. The following financial policy outlines our expectations and procedures and must be reviewed and signed prior to receiving care. Our goal is to maintain clear communication and avoid misunderstandings, allowing you to make informed decisions about your care.

## INSURANCE

Your dental insurance policy is a contract between you and your insurance provider. **Elrod and Dunham Dentistry** is not a party to that contract. As a courtesy, we assist by submitting pre-treatment estimates and insurance claims on your behalf. However, it is ultimately your responsibility to be familiar with your insurance coverage and to verify your benefits with your provider.

Please note:

- Some or all of the services we provide may not be covered by your insurance.
- Any charges not paid by your insurance are your responsibility, regardless of the reason for denial or non-payment.
- Insurance estimates are provided as a courtesy and are not a guarantee of payment. Final payment decisions are made by your insurance company once your claim is processed.
- If the actual amount paid by your insurance differs from the estimate, you are responsible for any remaining balance.
- We receive only a general breakdown of your dental benefits from your insurance company, which does not include a full explanation of your plan. It is your responsibility to obtain and understand your full benefits summary, including any limitations, exclusions, waiting periods, and annual maximums.

- We do not base your treatment needs on your insurance coverage. Our recommendations are based solely on your individual oral health and the standard of care we uphold.
- You understand that we cannot alter treatment plans to fit insurance benefit limitations. Your care will not be compromised based on what insurance does or does not cover.

## **PAYMENT POLICY**

You are responsible for payment of all professional services rendered at Elrod and Dunham Dentistry. This includes, but is not limited to: dental procedures, surgical services, diagnostic tests, medications, and any services provided by or through our office.

- Full payment is due at the time of service.
- For patients with insurance, estimated co-pays and deductibles are due at the time of service, unless prior arrangements have been made.
- For extended payment plans, we offer third-party financing options. We do not offer in-office payment plans.
- Any unpaid balances over 90 days old will accrue a monthly interest charge of 1.0% (APR 12%).
- Balances unpaid after 90 days will be sent to a collection agency. You will be responsible for any associated collection fees, attorney fees, and/or court costs incurred during the recovery process.

We will communicate with you regarding your account via text message, email, and mailed statements. Secure payment links will be provided to make payments easily and safely.

## **MISSED APPOINTMENTS**

To maintain a high level of care and respect for all patients' time, Elrod and Dunham Dentistry requires a minimum of 48 hours' notice for appointment cancellations. Failure to do so may result in a late cancellation fee of \$50.00.

## **Acknowledgement**

I have read, understand, and agree to the terms and conditions outlined in this Financial Policy for Elrod and Dunham Dentistry.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_