

About Financial Arrangements and Dental Care

We are committed to providing you with the finest dental care. If you have dental insurance, we are also anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy. We may choose to accept assignment of insurance benefits, but **we are not a "Preferred Provider" or "Network Provider" for any insurance company.** (This is by choice, as Dr. Ward does not provide discount dentistry.) We do offer a savings for prepayment of treatment plans.

Payments for services are due no later than at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, MasterCard, Visa, discover or CareCard.

Returned checks and balances older than 30 days will be subject to additional collection fees and interest charges of 1 ½% per month. Charges may also be made for broken appointments and appointments cancelled without 48 hour advance notice. Those Charges can range from \$75 to \$400 depending on length of appointment. Any account that is delinquent is subject to collection agency action. No account will be allowed to maintain a delinquent status; arrangements **MUST BE MADE** in advance. We realize temporary financial problems may effect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We are here to help you.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. You and not your insurance company are ultimately responsible for payment, even if we have elected to accept assignment of benefits in your case.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

We must emphasize that as your dental care team, our relationship is with you, not your insurance company. All charges are your responsibility from the date the services are rendered.

Please sign below indicating you have read and understand the statements above. If any questions come to mind, please feel free to contact us.

Signature of responsible party _____ Date _____