



SUNSET DENTAL CARE

ABOUT FINANCIAL AGREEMENTS

Payment for services is due at the time in which services are rendered; unless our staff has approved payment arrangements in advance. We accept cash, checks, Zelle, Care Credit and any type of Credit Card. Please be advised that should you use a credit card, there is an additional 3.5% technology fee. We will be happy to process your insurance claims for your reimbursement if your insurance plan is out of network.

Returned checks and balances older than 30 days will be subject to an additional \$10.00 collection fee. All legal fees associated with a delinquent account are the responsibility of the patient, parent or guardian.

You must realize however, that:

1. Your insurance is a contract between you, your insurance carrier and/or your employer. We are not party to the contract. **Please be advised that while we send in your claims to your insurance carrier as a courtesy, it is your job to keep track of your maximum for the year if you see another dentist (specialist or general) outside of our office.**
2. Our fees are generally considered to fall within the acceptable range by most companies and therefore are covered up to the maximum allowance determined by each individual carrier. This applies only to carriers that pay a percentage of the usual and customary fees as determined by most carriers. This statement does not apply to carriers who are out of network and reimburse based on an arbitrary schedule of fees which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance carriers arbitrarily select certain services that they will not cover.
4. If you are insured with a company that we currently participate with, please have your insurance ID card available for our information. Should this insurance company, for any reason, not reimburse us directly, or if we do not hear from this company in reference to a claim, you will be responsible for the full payment.



5. If your insurance carrier changes, you do not notify us, and the amount of time allowed to file a claim with your new carrier expires; you are responsible for the full payment.

We must emphasize that as a dental care provider, our relationship is with you, the patient, not in your insurance carrier. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance with the management account. **While paying with a credit card does incur a 3.5% technology fee, we have an auto-pay program that can be of assistance should you need it.**

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help you!

I have read all the information on this Notice. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I will notify you of any changes in my dental status.

Signature

Date

Print Name in Full