



Barry W. Ray, DDS, MAGD

Mary J. Miles, DMD Matt J. Backs, DDS

OFFICE FINANCIAL POLICY

*“Quality...
is never an
accident.
It is always
the result of
high intention,
sincere effort,
and skillful
execution.
It represents
the wise choice
of many
alternatives.”*

Thank you for choosing us as your dental care provider. Our primary goal is to help you keep your teeth for a lifetime. Your comfort, appearance and long-range dental health needs will be kept in mind at all times. When treatment is indicated, we will try to restore optimum dental health in as few, well-planned appointments as necessary. We recognize the value of your time.

Except in emergency situations, you can expect us to be on time for you. We would appreciate the same courtesy. Therefore, we need your assistance and understanding of our office financial policy as follows:

1. Payment is expected at the time of service, and may be made by cash, checks, Mastercard, Visa, post-dated check, or financing (see us for financing details and information on CareCredit). Credit checks may be performed at our discretion.
2. For multiple appointment treatment, **one-half** is payable the first appointment and **one-half** is payable the last appointment. If the entire fee is paid on the first appointment, a 5% discount will be given.
3. Senior citizens will be given a 10% discount.
4. If an insurance company is assisting you in payment, the above discounts do NOT apply. **Insurance laws prohibit us from offering discounts on co-pays and out-of-pocket expenses to our insured patients.**
5. Missed appointments may be charged a \$25.00 fee at our discretion.
6. Insurance benefits are an estimated aid; therefore, estimated co-payments up to 50% **will be collected on the day of service.**

You must provide insurance information including **claim address and coverage details**. If you cannot provide the needed information on or before your appointment, you will be responsible for the full fee and must wait for your insurance company’s reimbursement.

Your insurance is a contract between you and the insurance company. We are NOT a party to that contract; however, we are happy to file insurance claims on our patients’ behalf. Not all services are a covered benefit. Insurance companies arbitrarily select the services they will not cover.

Insurance payments are generally not received by us for 30-60 days. Any account balance 60 days overdue will be billed at 1.5% interest per month.

7. **Hoosier Accounts** will be given any inactive account 90 days past due.
8. Returned checks are subject to bank charges and a \$30.00 service charge.

If you have any questions or are uncertain about the information, *please* don’t hesitate to ask us. **We are here to help!**

I understand and agree that, regardless of my insurance, I am responsible for the balance of my account for any professional services rendered. I have read and understand all the information on this sheet.

NAME (Please Print) _____ DATE _____

SIGNATURE _____ DATE _____

PARENT OR GUARDIAN _____ DATE _____

“A Friend of the Family”