

PATIENT FINANCIAL POLICY

Thank you for choosing our office as your dental healthcare provider. We understand that many patients find financial matters surrounding their dental care to be complex and often confusing. We will be happy to assist you regarding any questions. Our office accepts cash, personal checks, Visa/Mastercard/Discover, Care Credit and Wells Fargo Health Advantage Program.

<p>Private Dental Insurance-</p> <p>Initial Here- _____</p>	<p>We are contracted with some, but not all dental carriers. As a courtesy to you, we will bill your dental insurance. Please understand that we will provide an insurance estimate and an estimated patient portion, however it is <u>NOT</u> a guarantee that your insurance will pay exactly as estimated. Your insurance company will ultimately determine the amount paid. All charges you incur are your responsibility regardless of your insurance company, our office is <u>NOT</u> a party in that contract. Your estimated patient portion is due in full at the time of service. You will be billed for any amount not considered by your insurance.</p>
<p>Medicaid/Denali Kid Care-</p> <p>Initial Here- _____</p>	<p>You are required to show a current eligibility card for each appt. If for any reason you are seen and you are NOT eligible, you are responsible for payment in full. If your treatment is going to be more than your allowed maximum, you will be notified of your patient portion ahead of time to determine if you are going to continue with the treatment. This amount will be due in full at the time of service.</p>
<p>Self Pay-</p> <p>Initial Here- _____</p>	<p>Payment is due in full at the time of service. We can offer a 10% discount to you if your payment is cash or a personal check. I am sorry, but we can not offer the discount if payment is made with a debit card, a credit card, Care Credit or the Wells Fargo Health Advantage Program.</p>
<p>TriCare/Military Family-</p> <p>Initial Here- _____</p>	<p>We are a provider with United Concordia Insurance for the active Duty member. Member coverage is at 100%. Some procedures require preauthorization, and some procedures are not covered.</p> <p>We are also a provider with Met Life insurance for the family members. The family plans are based on a % and can vary due to the members rank. Please also review and initial the “Private Dental Insurance” section of this form if this applies to you.</p>
<p>Workmans’ Compensation-</p> <p>Initial Here- _____</p>	<p>We do accept Workmans’ Compensation claims that were filed and approved. You must supply us with the name of the company the claim is though, the claim #, the name and phone # for the claim adjuster and the date of injury. Please note we DO NOT accept out of state Workmans’ Compensation claims.</p>

- I have read, understand and agree to this Financial Policy.
- I understand that I am ultimately responsible for my balance, not my insurance carrier.
- I authorize River City Dental, Inc. to release pertinent dental information to my insurance company when requested in order to facilitate payment.
- I understand that my signature authorizes benefits to be paid directly to River City Dental, Inc.
- I understand that should this debt becomes delinquent, the balance may be referred to a collection agency. I will be held responsible for all fees associated with the collection of my debit.

Print Patient Name

Date of Birth

Signature of Patient or Legal Guardian

Date