

Developing Financial Policies
Sample Financial Policy Statement

NOTE: This form may or may not satisfy applicable state law. It is imperative that parties relying on this form consult with their counsel to modify this form as necessary to comply with applicable law.

Sample Financial Policy Statement

Payment for services, including deductibles and copayments, are due at the time of the service unless other arrangements have been made prior to treatment. Payments may be made using cash, check, or credit cards. Any arrangements for third-party financing must be made before starting treatment.

(Practice name) accepts most dental benefit plans. We are happy to submit the claims necessary to see that you receive your benefits. The dental benefit contract is an agreement between you and the dental benefit company. You are ultimately responsible for all charges. We cannot guarantee that any coverage estimated by your plan will be paid once a claim is filed.

In order to maximize your benefits and because plans differ from carrier to carrier, and from policy to policy, our office may refer you to your carrier or your employer's benefits coordinator for assistance in understanding your plan. Please note that your dental plan is intended to cover some but not all dental care costs, and not all services are covered by your plan. You are responsible for payment of all services regardless of the payable benefit.

Checks that are returned to our office from your financial institution are subject to a \$25 returned check fee. This fee covers the processing fees that are charged to our office. We would be happy to discuss our charges and how they relate to your particular situation.

Please indicate your understanding and acceptance of these financial policies by signing below.

Patient's name _____ Date _____

Patient, guardian or guarantor signature _____ Date _____

Witness _____ Date _____

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