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Seattle, WA 98103
206-784-9525

FINANCIAL POLICY

Patient Name: _____ Date: _____

We are committed to providing you with the highest quality of dental care, utilizing only the best materials and education available. In our process of doing so, we have formulated a financial policy to continue to provide excellent service to you with several options for you to choose from to meet your financial needs.

DENTAL INSURANCE

GREEN LAKE DENTISTRY is happy to cooperate with our patients who are covered by dental insurance. However, it is your responsibility to inform us when your policy changes so we bill the correct insurance company. We also ask that **YOU** read your policy thoroughly so that you are fully aware of the benefits provided and the limitations imposed. Please contact your insurance company if you have any questions or concerns.

All incurred charges are ultimately the responsibility of the patient regardless of insurance coverage. You, your employer and your insurance company have a legal agreement. **GREEN LAKE DENTISTRY** is not involved in the negotiation of this agreement. You are our patient and we treat *you* not your dental insurance company. Our agreement is with you. Because of this, if the dental insurance company fails to honor our request for payment then any balance after thirty (30) days becomes yours and will become due in full immediately. If the dental insurance payment is less than we originally estimated then the remaining balance after the dental insurance payment must be paid by you within thirty (30) days. All preferred provider adjustments are made when the insurance pays your claim. In the event that your insurance does not pay as **estimated**, we will bill you for the remaining balance; however, there is a billing charge after thirty (30) days of non-payment. We will do the best we can to accurately **estimate** your portion. Please keep in mind, it is only an **estimate** and you may have a portion due after the insurance pays. All **estimated** co-payments and deductibles are due at the time of treatment. For payment options please see section for non-insurance patients.

NON-INSURANCE PATIENTS;

For your convenience we accept cash, personal checks, money orders, Visa, MasterCard, American Express, and Discover. All patients must pay their **estimated** portion at the time of service.

CARE CREDIT

We are aware that unexpected dental care costs can significantly impact your budget and we want to make our services as affordable as possible. For this reason we have adopted **Care Credit** as our office 'Monthly payment plans'. Please ask for brochures if you are interested.

I have read and understand the financial policy of Green Lake Dentistry and acknowledge receipt of the confirmation & cancellation/rescheduling policy form and I understand the contents.

Signature _____ Date _____

A copy of this form is available upon request