



## Financial and Insurance Policy

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Welcome! Thank you for choosing our practice to serve your dental needs. We are committed to providing you and your family with the best possible dental care and to helping you achieve optimal dental health for a lifetime.

We believe communication with our patients is very important and encourage you to ask questions and to get involved in your treatment decisions. So that we can provide the best possible care, we ask our patients to accept and adhere to the following financial agreement regarding your dental treatment.

### **Payment Options:**

- We accept payment by: Cash, Check, Money Order, Visa, Master Card, and Discover.
- For patients with dental insurance, co-pays are due at the time of service.
- For patients without insurance, full payment is expected at the time of service.
- Patients with extensive treatment plans requiring multiple appointments can make payments during the course of treatment. Payment plans must be arranged and signed prior to the beginning of treatment and will require an initial payment when treatment begins.
- We offer CareCredit financing for patients who prefer extended payment options (up to 6 months). CareCredit, a healthcare financing company, offers our patients upon credit approval an interest-free term loan with no down payment, no annual fee and no prepayment penalty. Ask for details.
- All accounts with a balance over 90 days can be subject to a re-billing fee of \$25.00 a month.

### **Dental Insurance Policy:**

As a courtesy, our staff will submit dental claims to your insurance company and will do everything possible for you to obtain your maximum benefits through prompt and efficient claims processing. Please keep in mind that our financial agreement is with you as the patient, and is NOT with your insurance company. We cannot guarantee insurance payments as each policy is different and can often change.

It is ultimately your responsibility for payment and the benefit quoted by your insurance company is not a guarantee of payment. If your dental insurance company denies a claim or pays less than the original estimate, you are responsible for the remainder of your balance.

If we have not received payment from your insurance company within 90 days of the claim, you will be responsible for payment in full and for pursuing all payment from the insurance company for that claim. Our office staff will provide you with all the necessary documentation in order for you to receive reimbursement from your insurance company.

### **If you have dental insurance, please follow these guidelines:**

- Be familiar with the coverage and deductible on your insurance plan(s). To help you better understand your dental benefits, read your plan description and call your employer or insurance company with any questions.
- Bring your insurance card with you to each dental appointment.
- Please keep us informed of any insurance changes. We cannot submit claims and receive insurance benefits for our patients if we do not have accurate policy information.

Thank you for understanding and adhering to our financial policy. If you have any questions or concerns, our staff will be happy to assist you.

Name: \_\_\_\_\_

Name(s) of Dependents on Account: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_