SURFACE CREEK DENTAL

Dental Insurance and Payment Policies

To help keep the cost of dentistry down, and to continue to provide quality care to our valued patients, we require payment in full the day of service.

We accept Cash, Check, Visa, Master Cad, Discover, American Express and Care credit.

Care Credit is a health care credit card. Care credit applications can be made through our office for interest free and low interest payment plans. Ask the receptionist for an application.

As a service to our patients, we will submit your insurance claim to your primary insurance company. Our office will provide the insurance company with all of the information necessary to help you receive maximum benefits from your insurance company. However, it is the patient's responsibility to know the insurance coverage and benefits of their particular policy.

If a claim is denied, we will research why the rejection occurred and either resubmit to insurance or bill you the appropriate balance. If the claim is denied a second time, the appropriate balance becomes the responsibility of the patient and should be paid to us directly. You may contact your insurance company for reimbursement.

If the patient has coverage with a second insurance company, we will submit all secondary claims directly to that insurance company.

Insurance is a patient's benefit designed to assist the patient in their financial obligation to the dental office. The patient is the one receiving the dental service and therefore is ultimately responsible for all charges on the account regardless of any insurance coverage.

The office will do our best to collect the appropriate deductible and estimated patient portion at the time of service. After the insurance has paid their portion at the time of service. After the insurance has paid their portion, the patient will be billed for any difference between the anticipated insurance payment and the actual insurance payment. If the insurance payment is greater than the estimation, we will refund the amount to the patient or leave the credit balance on the patient's account to be applied toward further treatment.

In the case that the insurance company sends the patient the payment for services rendered, the patient is responsible for paying this amount and any difference on the account to the office.

In the event that the patient does not have insurance coverage, charges for services are due and payable at the time services are rendered, unless a signed financial agreement has been approved.

I understand and accept these payment policies.

Signature: _____ Date: _____