



FINANCIAL GUIDELINES

Thank you for choosing our office as your orthodontic provider. We are committed to providing you with the highest quality care, so that you may fully attain optimum oral health. Please understand that payment of your bill is considered part of your treatment.

Our office accepts *CASH, CHECKS, MONEY ORDERS, ALL MAJOR CREDIT CARDS, and CARE CREDIT*. Outside financing is available upon request and approval.

Returned checks will be subject to additional fees. In the case it becomes necessary for our office to enlist a collection service or legal assistance; you will be responsible for any collection and/or legal charges incurred.

For our patients with Dental Insurance:

As a courtesy to you, we will help you process all your dental insurance claims. We must emphasize that, as your orthodontic provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company. Braced Orthodontics is not a party to that contract.

- We ask that your estimated patient portion be paid according to our payment options.
- We will cooperate fully with the regulations and requests of your insurance company, to assist in your claims being paid. We will not, however, enter into a dispute with your insurance company over any claim.
- All charges you incur are your responsibility, regardless of your insurance benefits.
- Our office is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.
- We will provide you with an insurance estimate for any treatment recommended, and we will do all we can to ensure the estimate is as accurate as possible. Please understand that this is not a guarantee that your insurance will pay exactly what was estimated. Your insurance company and your plan benefits will ultimately determine the amount paid.
- Insurance payments are ordinarily received within 30 to 60 days, from the time of filing. If your insurance company has not made payment within 60 days, the balance becomes your responsibility, regardless of any expected insurance payment.
- We ask that you sign this form and any other necessary documents that may be required by your insurance company. This form instructs your insurance company to make payment directly to Braced Orthodontics.

We thank you for the opportunity to serve your orthodontic needs and welcome any questions you may have concerning your care or our financial policy.

I, _____, have read, understand, and agree to the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to Braced Orthodontics.

Signature

Date