

## **Four Seasons Family Dentistry** **Insurance/Payment Policy**

We will submit your claim to your insurance company for services rendered. Our office makes no representation that we participate with your particular insurance plan. Although we may participate with your insurance carrier, we may not participate with your particular plan. If a claim is submitted on your behalf, you will be balance billed for all noncovered services, co-insurance and deductibles. In the case of extensive treatment plans we may request a predetermination of benefits from your insurance carrier. If you have any questions regarding details and/or restrictions of your plan, you must contact your insurance carrier directly.

Payment of outstanding balances is due within 30 days of receipt of a bill. A monthly rebilling fee of \$5 will be added onto any open balance. Personal balances not paid within 90 days will be forwarded to our collection agency and will be subject to a \$50.00 collection surcharge and any additional collection costs assessed from the collection service (may be up to 50% of balance).

- A fee of \$35.00 will be assessed for all returned checks
- A fee of \$35.00 may be assessed for any appointment that is not canceled without 24 hours notice

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Signature of Patient or Responsible Party

Date