

## **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 is due at the time services are rendered. Any outstanding balances are due within 30 days of receipt of a bill. A late fee of \$35 will be added onto any open balance past due over 30 days, along with 1.5% monthly interest charges. 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
- Please note, if an appointment is cancelled, broken, or missed with less than 24 hours notice, there will be a fee of \$35 due before the appointment can be rescheduled. If extra time is reserved for procedures such as crowns, root canals, large treatment plans, etc. the fee will be \$35 per hour of time that was scheduled.

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Signature of Patient or Responsible Party

Date