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Financial Policy

In order for our practice to continue providing the highest quality, state-of-the-art, endodontic care available, it is necessary we be compensated for the services rendered. This document clearly outlines our financial policies as applicable to the typical fee payment modalities encountered in dental practice. As a condition of service, please indicate your understanding, and acceptance, of the following policies by printing and signing your name, then dating, your affirmation at the end of this document, on the bottom of page two.

1. Time of Payment:

Fees are due at the time of service.

- a. If you have insurance, our best efforts will be made to determine what your insurance plan's deductible and copayment dollar-amount will be. That amount is payable at the time of service.
- b. If you are suffering financial hardship, and are unable to pay at the time of service, under certain circumstances, special payment arrangements may be considered. If you require such an arrangement, you must indicate your need BEFORE services are provided.

2. Methods of Payment:

- a. We accept payments by Cash, Check, and Credit Card.
- b. Care Credit Financing is another possible method of payment. Care Credit is an industry leader in healthcare financing. Care Credit makes decisions on loan approval based on credit worthiness. Our office is not involved in the approval process. Please ask an administrative staff member for information about using Care Credit. If the use of a Care Credit loan is desired, assistance in completing the application will be provided. There is a 5% processing fee for this service. You may opt to include the processing fee in the loan amount. If the Care Credit loan request is denied, the processing fee is waived.

3. Using Dental Insurance Plans:

As a service and courtesy to our patients, our office will endeavor to determine your dental plan's insurance benefits, and, assist you by submitting an insurance claim on your behalf for the services you receive.

However, the fees for service are ultimately your responsibility. If your insurance company does not pay the anticipated amount, we will send you a statement indicating the amount owed. That amount shall be due upon receipt. If necessary, and at such a time when the statement amount is paid in full, as a courtesy and to the extent possible, we will continue to assist you with your insurance claim for up to 90 days from the date of service.

Moreover, the information provided us by dental insurance companies is often inaccurate, and therefore, must be considered an estimate. The actual amount of benefit, and the amount owed by you, will often be more, or less, than initially indicated. If, after the dental insurance claim has been processed, a settlement is necessary, we will either send you a statement for the amount owed, or if any, send you a reimbursement check in the amount of your over-payment. Statements indicating amounts owing are due upon receipt.

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Mission Hills Endodontics-San Ramon Affiliates

Financial Policy Continued:

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4. **Patient's without Dental Insurance, Senior Citizens over 65 years of age, and Active Military Personnel:**

- a. Patient's without Dental Insurance receive a 5% discount when payment is made by cash or check.
- b. Active Military Personnel and Seniors Citizens receive a 10% discount on out-of-pocket expenses.

5. **Financial Hardship Assistance:**

Under certain circumstances, in-office extended payment arrangements may be considered. Such arrangements are limited, and are meant to offer assistance to those truly in emergent need. Typically, payment is extended over a period of time based on a case-by-case consideration. The first installment is due at the time of service. Again, if you require this type of assistance, please indicate your need BEFORE services are rendered.

6. **Other Fees:**

- a. **Biopsy Fee:** Although our office does not charge a fee for collecting a specimen for biopsy, the lab processing the material does. If a biopsy is necessary, the Oral Pathology Lab's \$125 fee, is collected on the day of treatment.
- c. **Returned Check fee** of \$50 will be assessed if your check is not honored by your bank.
- d. **Late Payment fee** of \$50 will be assessed if payment-in-full of owing balances is not received within 30 days of the statement billing date.
- e. **Missed Appointment Fee** is \$75. To cancel or reschedule an appointment, please let us know one business day in advance.
- f. **Collection Fee** will be assessed if an account has an outstanding balance that is greater than 90 days past due. The amount of the collection fee is \$100.

Please note: As our practice cannot carry balances owed us past 90 days, accounts that become 90 days past due are sent to a collection agency for collection. The Collection Fee is added to the owing balance. Again, if there is financial hardship, please make payment arrangements BEFORE services are rendered.

I have read, understand, and agree to the financial policy as written above.

Print Name: _____ Signature: _____ Date: _____

Staff Member: _____ Signature: _____ Date: _____