

Written Financial Policies and Agreement

Thank you for choosing Atlantic Dental Group. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering easy and convenient payment options.

Payment is required prior to the completion of your treatment no later than the day the services are rendered. If you choose to discontinue care before your treatment is complete, a refund may be determined upon review of your case.

Payment Options

Patients may choose from the following payment options: cash, check, VISA, MasterCard, Discover or Care Credit.

Payment In Full Discounts: We offer a 5% courtesy adjustment for payment in full on treatment plans of \$1,500 or more when a patient pays with cash or check and completes the payment prior to the treatment. (NOTE: this discount is not available to patients who pay with Care Credit or in-network patients with Delta Dental or United Concordia.)

No or Low-Interest Payment Plans Through Care Credit: We offer the ability for patients to pay using their Care Credit account. This offers you the ability to pay your balance over time through monthly payments to Care Credit with no annual fees or pre-payment penalties. The Care Credit program is a third party finance option subject to credit approval. Please ask for details.

Estimated Insurance Payments

We realize that understanding your insurance coverage can be quite challenging. We care for patients covered under a wide variety of insurance programs and from many different companies. Each company's coverage and plan differs in its coverage. We want to help assist you in understanding your maximum benefits, but ultimately encourage you to become familiar with your individual policy.

Our Courtesy Services: If you have dental insurance, we will contact your insurance plan to help you determine your estimated coverage. We will review any amounts your insurance is not expected to pay and inform you as to your estimated responsibility. These amounts are due the day services are rendered. Although we do not participate in all dental insurance plans, with accurate insurance information, we will be glad to file your claim as a courtesy to you. Insurance claims are filed within one business day of your visit and are filed electronically for the fastest turnaround.

Our Expectations Of You: We encourage you to understand your individual policy. Some dental insurance policies restrict payment for some services, use restricted fee schedules, and exclude some procedures based on conditions outside our control.

- We ask that you understand that our treatment recommendations will always be based on providing the best oral health care for our patients, and not on what an insurance company will or will not cover. We will help educate you on your dental needs and finance options so that you may make the best decision for your care.
- We also ask that you keep us updated on any changes to your insurance coverage.
- Patients who have insurance that will reimburse our office should come prepared to pay your estimated portion at the time of service.
- Patients who have insurance that will reimburse them only should come prepared to pay for their services in full at the time of service.
- We ask that you understand if payment is not received by your carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.
- Please be prepared to leave a credit card on file for any balance that may be due.

If your insurance coverage is cancelled or changes during your treatment, you will be responsible for the amount that the insurance company has not paid.

Please contact us directly if you need to determine if Atlantic Dental Group is a considered a preferred provider for your plan.

Appointments and Cancellation Policy

We understand that personal schedules may get interrupted, so we ask that you contact us as soon as possible if you are unable to keep your appointment. However, because we reserve time especially for you, broken appointments negatively impact both our schedule and the care for other patients. Therefore, we require a 48 hours (2 business days) notice of cancellation. Cancellations may be made by emailing info@Atlantic-Dental.com or calling 910-762-0958.

A cancellation fee may be charged in any of the following scenarios:

- No show for an appointment without any notice to the office
- Cancellation or broken appointment with less than 48 hours (2 business days) notice

Cancellation fees are \$25 for hygiene appointment cancellations and \$50 for doctor treatment appointment cancellations.

Please note, patients who miss more than 2 appointments within an 18 month period may be required to pre-pay for any future appointments. Patients with a history of cancelled or broken appointments may result in dismissal from our practice.

Returned Checks

There will be a \$25 fee for returned checks.

Past Due Finance Charges and Penalties

Monthly finance charges of 1.5% (minimum fee is \$1) will be added to accounts which are over 60 days past due.

Thank you for understanding our financial and insurance policies. If you have any questions do not hesitate to ask us as we are here to assist you.

Printed Name

Signature

Date