

Patients with Dental Insurance: As a courtesy to you, our office will gladly submit to your insurance. This office is a participating provider under a number of dental plans (American Dental Plan, Ameritas, Delta Dental Premier, Humana, Momentum, United Concordia, WEA). We are able to bill to all traditional, indemnity insurance plans so if you are covered under another plan, please contact your carrier to see how your benefits will be affected. We do not accept DMO or DPO plans (Dental Maintenance or Dental Provider Organizations). Under these plans, there is no coverage when treatment is rendered by a non-participating dentist. Please check your type of plan carefully.

Patients with Delta Dental Insurance: This office is a participating "PREMIERE" provider (not PPO). However, for all PPO plans, even though this office may be out-of-network, we are still able to bill your insurance and benefits are payable. For more specific information about out-of-network benefit amounts, please call your insurance company.

Authorization to Release Info and Assignment of Benefits: I certify that I, _____, (or my dependent) have (has) dental insurance coverage and assign directly to Dr. Thane Anderson all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize the doctor and/or his staff to release all necessary personal information to my insurance company in order to secure the payment of benefits.

Payments: We accept cash, check, VISA, MasterCard, and Discover. **Payment of your "estimated" portion is due at the time services are rendered.** As a courtesy, we will gladly contact your insurance in order to provide an "estimate" of your patient portion. However, despite this, we cannot guarantee the payment of insurance benefits nor can we provide 100% accuracy of this estimated amount since many factors are involved that determine the actual payment of benefits once submitted and processed by your insurance. Keep in mind that many insurance companies base their quoted percentage of coverage (i.e. 100%, 80%, 50%, ect.) on their own fee schedule, and not our office's actual fees, which may result in a balance due higher than expected. Should an outstanding balance due result after your insurance company processes your claim, you will then be sent a statement. Payment in full is due by the due date printed on the statement. If a credit balance should result after insurance processes your claim, a refund will be promptly issued to you.

Unpaid Insurance Claims: All dental services rendered, whether or not covered by insurance, are ultimately the financial responsibility of the account holder. We will give your insurance company 60 days to remit payment. If there is still no payment after this time, in order to keep your account current, you will be financially responsible for 100% of the outstanding insurance claim. A statement will be sent to you, and payment in full will be due on the due date printed on the statement. It is the responsibility of the account holder to follow up with their own insurance company regarding the non-payment of a claim. Should our office eventually receive a payment from your insurance after it has been paid by you, a prompt refund will be issued.

6- or 12-month No Interest Financing: Our office offers financing through Citi Health Card with convenient monthly payment plans. This plan is specifically designed to pay for treatment and procedures not covered by insurance. Citi Health offers a full range of no interest and extended payment plans for payments of more than \$250 to qualified applicants. The no interest payment plans offer 6 or 12 month options, with low minimum monthly payments, and no interest if the balance is paid within the specified time period. They also offer extended payment plan options of 24, 36, and 48 months (interest is applicable on these plans). With Citi Health Card, you pay no up-front costs, no pre-payment penalties and no fees. Visit www.healthcard.citicards.com or call them at 866-843-2330 for more information or to apply.

Past-Due Accounts: If payment is not received by the due date printed on the statement, then your account is considered "past due". A 1-1/2% (one and one-half percent) finance charge compounded monthly (19.56% APR) may be added to any account with balances due for 60 days or more. If required, a check of your credit history may be made. Accounts more than 90 days past due may be turned over to a collection agency and/or attorney for further collection action.

Patients without Dental Insurance: Payment in full is expected at the time services are rendered. We accept cash, check, VISA, MasterCard, and Discover. If payment is made with cash or check, a 5% discount is provided. We are unable to provide this discount if payment is made with a credit card.

Broken/Missed Appointments: We request at least 48 hours' notice before canceling or rescheduling an appointment. That way, we have some time to try and fill the opening left in our schedule. Thank you for assisting us in keeping our schedule full.

Dr. Anderson reserves the right to update and make changes the above-stated office policies at any time without prior notification.

By signing below I verify that I completely understand, agree, and accept the policies outlined above. I further acknowledge that I am responsible for all dental services rendered me and my dependents (if applicable).

Patient Name (print): _____ Date: _____

Responsible

Party Signature: _____ Relationship to patient: _____