Financial Policy

Thank you for choosing Frankart Family Dental as your provider! We are committed to providing quality, patient-focused care.

Payment

Payment is expected in full at the time treatment is rendered. Our office accepts cash, check, credit card, and Care Credit. If you have dental insurance, it is required you assign payment from the insurance company to Frankart Family Dental, unless you pay in full for your treatment. All procedures and subsequent costs **not** covered by your dental insurance plan including deductibles, co-pays, age and/or frequency limitations, or non-covered services will be expected to be paid for at the time treatment is rendered. Frankart Family Dental is not responsible for any non-covered services.

Regarding Insurance

We encourage you to review your dental benefits and coverage. In good faith, we contact your insurance carrier for your dental benefits so we can estimate expected payment for services provided. Your insurance policy is a contract between you and your employer or group; Frankart Family Dental is not part of that contract. We will give you an **ESTIMATED CO-PAY AMOUNT DUE** for treatment; however, we cannot guarantee the estimate, as we can only provide you the information given to us by you and/or the insurance company. We will submit claims to your insurance carrier for services provided. Insurance companies are required by law to process claims within 30 days of date claims are submitted. If payment is not received from your insurance carrier within 45 days, you will be billed for the account balance in full. If your plan changes, please notify our offices immediately.

Missed Appointment Policy

Unless cancelled at least 24 hours in advance, we reserve the right to charge $50 for missed appointments. We ask that you respectfully give consideration when you commit to scheduling an appointment, keeping in mind we will hold that appointment specifically for you.

Financial Responsibility Acknowledgement

I have read the above financial policy. I understand I am ultimately responsible for all charges for treatment regardless of coverage by my insurance carrier. I assign benefits from my insurance carrier to be payable to Frankart Family Dental.

I have read and understand the above Financial Policy. If there is a change in my information, I understand it is my responsibility to inform Frankart Family Dental. In the event that my account would be turned over to a collection agency or attorney due to non-payment on the account, I am also responsible for all attorney, collection fees, and charges.

Printed Name/Guarantor Name ____

Signature ____

Date _______________________________