

**Brian J. Tingey, D.D.S.**

**\*\*FINANCIAL POLICY\*\***

*We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility.*

- **All patients must complete our “Patient Information Form” before seeing the doctor.**
- **PAYMENT IS DUE AT TIME OF SERVICE.**  
The parent or guardian of minors is responsible for **full payment** at time of service.
- **We accept CASH, CHECKS, MAJOR CREDIT CARDS, and CARECREDIT (subject to credit approval) as payment to settle your account.**
- **Un-insured patients:** A 5% discount is given at date of service when paying by cash or check but not for credit card or CareCredit payments.
- **THERE IS A \$20.00 CHARGE ON ALL RETURNED CHECKS.**

#### **REGARDING INSURANCE**

If you have insurance, we will help you receive maximum benefits. It is your responsibility to notify our office of any change in insurance coverage. Due to difficulty in processing, we do not file insurance claims when the subscriber is not a patient of our office.

We require you to pay your deductible or co-payment on date of service. If your insurance has not paid the FULL BALANCE within 45 days of service, you have 15 days to pay the balance. Late Payment Charges are added to unpaid accounts after 60 days from date of service. If your insurance company pays more than the balance due, we will send a refund check at your request.

**Insurance is a contract between you and your insurance company.** We file insurance claims as a courtesy to our patients. We will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, “usual and customary” charges, etc. other than to supply factual information as necessary. **Regardless of any insurance coverage, the financial responsibility for services rendered rest with the patient or his family.**

#### **\*\*MISSED APPOINTMENTS\*\***

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit, which would be billed to you and not your insurance. Should you have two consecutive missed appointments, we WILL NOT reappoint you. Please help us serve you better by keeping scheduled appointments.

#### **\*\*WAITING ROOM\*\***

We request that parents and visitors remain in the waiting room while the patient is being treated.

***I understand this Financial, Missed Appointment, and Waiting Room Policy and have had any questions answered to my satisfaction.***

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(This constitutes a “Signature on File” for patients with insurance)