Paul C. Anderson, DDS
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Our Financial Policy

Thank you for choosing us as your healthcare provider. Our practice depends upon reimbursement from the patient and the insurance company for costs incurred during the visit. Therefore, the patient must consider their financial obligation prior to the visit.

- **Patient's portion is due at the time of service.**
- **We accept cash, check, Visa, MasterCard and Discover cards.**
- **We offer the Care Credit Card, which offers a full range of payment plans, including no interest for 6 months and no upfront costs.**

As a courtesy to our patients we will file your insurance claims for you. Please keep in mind that your insurance is a contract between you and your insurance company and does **NOT** guarantee payment. Our dental practice cannot render services on the **assumption** that our charges will be paid at 100% by an insurance company. We will prepare and file your insurance claims, but ultimately the responsibility is the insured's. If the insurance company does not pay the claim in 60 days the account balance will be due within 10 days of the billing statement. It will then be the insured's responsibility to pursue reimbursement from their insurance company. **Our policy requires payment in full for all services rendered at the time of the visit**, unless other arrangements have been made with our financial coordinator. If the account is not paid within 90 days of the date of service, and no financial arrangements have been made, you will be responsible for legal fees, collection agency fees, interest charges, and any other expensed incurred in collecting the account.

Regarding Insurance: Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our area. Our staff does their best to provide you with accurate insurance coverage estimates based on the information available to us. Many insurance companies will not give out fees until treatment is provided. Reimbursement is ultimately determined when the claim is processed. You are responsible for payment regardless of any insurance company's ***arbitrary*** determination of usual and customary rates.

Cancellation Policy

When we make an appointment for you, a room is reserved, your records are prepared, and special instruments are prepared for your visit. Please notify us as early as possible if you are unable to keep your appointment. A fee of $75.00 will be charged for any appointment broken with less than 24 hours notice. **Repeated cancellations or missed appointments will result in loss of future appointment privileges.**

Signature of Patient or Responsible Party **Print Name** **Date**