



Patient Financial Policy

Thank You for choosing Joiner and Zwart Dentistry for your dental care provider. High quality dental care leading to a lifetime of oral health is our commitment to you.

The following are our Financial Policies:

- **Payment is due at the time of service** is provided. For your convenience, our office accepts:
 - Cash or personal checks
 - Mastercard, Visa, Discover, American Express, Apple Pay
 - Care Credit third party financing
- **Additional Fees:** Returned checks and account balances over 90 days are subject to a \$35 fee
- **Dental Insurance**
 - As a courtesy, we will help process dental insurance claims. Please understand we will provide an estimate of coverage. This is not a guarantee the estimate is accurate as benefits may differ for many reasons specifically related to your plan and individual coverage.
 - All charges are your responsibility regardless of insurance coverage. Your insurance policy is a contract between you and the insurance company, our office is not a party in that contract.
 - Our practice is committed to providing the best treatment for our patients. Insurance policies are written with many exclusions which are make arbitrary determinations of treatment and rates. We must treat our patients to the standard of care and not base treatment on insurance coverage. You will be responsible if your insurance policy does not cover to the standard of care.
 - You are responsible for all deductibles, co-payments, and co-insurance which is estimated at the time of service. Insurance payments are typically received within 30-60 days from filing a claim. If your insurance company has not made a payment within 60 days we will ask you to contact your insurance company. If payment is not received or your claim is denied, you will be responsible for the full amount at that time.
 - We will cooperate with insurance company requests to assist in claims being paid, but we will not enter into a dispute with the insurance company, but we will assist if able.
- **Unaccompanied Minors:** The parent or legal guardian are responsible for full payment at the time of service. Treatment consents and payment arrangements should be made prior to the appointment.
- **Missed and Cancelled Appointments:** Our goal is to provide treatment in a timely manner in as few appointments as necessary. In order to provide the best services to our patients, we require 48 hours notice for cancellations. We understand unforeseen circumstances may arise. A charge may be assessed for multiple missed or short notice cancels. Multiple failed appointments may result in being dismissed from the practice.

Consent: I have read, understand and agree tot the above terms and conditions. I authorize my insurance company to pay my dental benefits directly to my dental office. I understand that the responsibility for payment for dental services for myself and dependents is mine, due at the time of service. By signing below, you agree to calls and emails regarding your account, treatment needs and insurance issues.

Patient / (Parent or guardian) printed _____

Patient / (Parent or guardian) signature _____ Date _____