

FINANCIAL POLICY

Dr. James K. Burnham and staff are proud to be a team whose primary mission is to deliver the finest and most comprehensive periodontal services available today. Our concern is your dental health and we will offer the best treatment based on your individual needs.

For your convenience we accept the following methods of payment: cash, check, money order, Visa, MasterCard, and Discover.

For patients preferring a more extended payment option we offer a financing option: **Care Credit**®. Speak with one of our experienced front office staff to request a brochure for more information

For patients who will not be submitting insurance we offer a 5% discount on treatment.

Payment is due at time of service.

Insurance

As a courtesy we will submit our recommended treatment plan to your insurance carrier. However, your insurance plan is specific to you, your employer, and the insurance company. Insurance is a method of reimbursement and not a substitute for payment. Every effort will be made to correctly *estimate* benefits, however, contract limitations, deductibles and/or other pending claims may affect the actual payment made by your insurance carrier. Any remaining balance after insurance has been remitted to our office is the responsibility of the patient.

You will be mailed a statement if there is a remaining balance due on your account after insurance reimbursement has been made. Any balance on your account will be due upon receipt of billing statement.

All accounts must be paid in full within sixty (60) days from the date of service. We will submit your insurance claim to your primary insurance company as a courtesy to you. After 60 days, your outstanding balance is due regardless of the status of your insurance claim. If processing your claim has been delayed by your insurance carrier we request your assistance in expediting the process with your insurance company.

Please be sure to read your insurance booklet and forms carefully, specifically your benefits. If you're in doubt as to whether your procedure is covered, please check with your insurance carrier.

Finance Charges

Accounts are considered past due after sixty (60) days. We work with a collection agency to process any unpaid accounts.

Cancellation / No Show Policy

We request 48 hours notice to reschedule or cancel any appointment. For surgery appointments we request 7 day notice. A fee may be charged if requested notice is not given.

I understand that I am responsible for all costs of dental treatment regardless of what my insurance carrier may or may not pay.

Signature: _____

Date: _____

