financial policy

We believe that our office provides the highest quality of care at very affordable and reasonable fees. We try very hard to be fair in collecting those fees and to avoid any problems with our patient accounts.

In an attempt to avoid misunderstandings, we offer this detailed summary of our financial policy. As of March 2024:

1. We expect everyone to pay for their portion of the services performed at the time they are performed unless other arrangements have been made in writing in advance.

2. Until and unless insurance is verified by us, the first visit (for new patient and emergency patients) must be paid in full. You will be reimbursed by your insurance company.

3. We accept cash, check, Visa, Mastercard, Discover, American Express, and Care Credit.

4. Patients are expected to be familiar with their own dental insurance policy. However, as a courtesy, we will prepare and submit your insurance forms to your carrier and will monitor the payment of your claim for up to 60 days after submission. After 60 days, however, you will be directly responsible for the payment of any charges which have not been paid by your insurance company.

5. We will not be responsible for handling your claim after 60 days and will not negotiate for payment from your carrier. Be advised that insurance coverage varies, and not all services may be covered. For example, policy terms such as “customary” and “reasonable” and “prevailing” are sometimes used to limit coverage. If any of our charges are not paid by insurance, you will be directly responsible for those unpaid charges. If you have any questions concerning your insurance claim or your coverage, you must contact your insurance carrier and/or employer.

stellar smiles

6. Account balances will be subject to a 1.5% monthly finance charge. Unpaid balances over 90 days with no arrangement made for a payment will be sent to a collection agency for final payment and accounts will be subjected to a 25% collection fee.

7. We will charge $25 for all NSF and returned checks. The balance must then be paid in full immediately.

8. We will charge a $50 fee for failed appointments or appointments canceled within 24 hours. Appointments will be considered failed for late arrivals after 15 minutes.

By signing below, I have read and understand Stellar Smiles' Financial Policy.

Name _____ **Date** _____

Please feel free to call us anytime with questions about your account. Thank you for choosing our office for your dental care.