Mauricio DosSantos DDS

Financial Policy

Thank you for choosing DosSantos Dental as your dental health care provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

All patients must complete our information and insurance form before seeing a doctor

FULL PAYMENT OR INSURED PATIENT'S PORTION IS DUE AT TIME OF SERVICE

Payment for Services

For your convenience, we accept cash, checks, Visa, MasterCard, American Express or Discover Card. We also offer no interest payment plan through Care Credit & other outside financial groups (terms apply) and pre-payment courtesies. We will be happy to help you process your insurance claim forms at no additional cost and we will accept assignment of benefits where allowed. However, we must have your completed insurance form, copy of your insurance card and a provider benefit booklet at your first visit. The adult accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied.

Account Balances older than 90 days and returned checks will be subject to an interest charge of 1.5% per month. There is a $30.00 charge for returned checks.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party of that contract.
2. Our fees are generally considered to fall within the acceptable range by most Companies, and therefore, are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50%, 80%) of "U.C.R." which means usual, customary and reasonable by most companies. (This statement does not apply to companies who reimburse based on an arbitrary "schedule" of fees, which bears no relationship to the current standard of cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. We must have a benefit booklet to help you determined your benefits.

Missed Appointments

Missed appointments without a 48 hour notice are subject to a charge minimum of $75. Our policy is to charge for missed appointments at the rate of a normal office visit. Please help us better serve you by keeping scheduled appointments.

Thank you for understanding our Financial Policy. We must emphasize that as dental care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. Please let us know if you have questions or concerns.

I have read, understand, and agree to this Financial Policy.

_____ **Date** _____

Signature of Patient

_____ **Date** _____

Signature of Responsible Party