

Noble Dental Care Financial Policy

Thank you for choosing Noble Dental Care. We are committed to offering you the highest quality service to assist you in maintaining optimal oral health. An important part of our mission is making the cost of care as manageable as possible. The following is our Financial Policy which we require that you read, agree to and sign prior to treatment.

Payment:

Payment is due in full at the time of service. We accept cash, checks, MasterCard, Visa, Discover, American Express, CareCredit and contactless payments.

Short Notice Cancellation & Missed Appointment Policy:

We put considerable effort into preparing for your visit and reserve your appointment time specifically for you. If for any reason you must change your appointment, kindly give us as much notice as possible so that we may offer your time to another patient. If you cannot provide at least 48 hours notice, you will be assessed a \$50 cancellation fee.

Dental Insurance:

Payment is due in full at the time of your initial visit unless we can verify your insurance benefits prior to that visit. After verifying your insurance, we will estimate your financial responsibility and submit a claim to your insurance provider. However, we cannot guarantee that your insurance provider will pay exactly as estimated. Insurance coverage is subject to exclusions, waiting periods, frequency limitations, age restrictions, deductibles and maximums all of which vary from plan to plan. We will do our best to help you understand your plan, but it is ultimately your responsibility to understand your benefits.

You acknowledge that you are instructing your insurance company to make payment directly to our office. You authorize the release of any and all personal health information necessary for administering claims for insurance benefits.

Insurance payments are ordinarily received within 30-60 days from the time of filing a claim. If your insurance company has not made payment within 60 days, or the claim has been denied, you are responsible for paying the remaining balance at that time.

Minors accompanied by their parent or legal guardian:

The parent or legal guardian accompanying a minor who has consented to treatment is responsible for full payment at the time of service.

Returned Checks:

A fee of \$25 will be assessed for a returned check.

Overdue Balance:

If your account has an unpaid balance you will be notified with a monthly statement. If we have not received payment after 90 days and we have not agreed with you on an alternate financial arrangement, we will contract with a third party debt collection agency in order to collect any outstanding balance.

Consent & Authorization:

I have read and understand the financial policies of Noble Dental Care. I understand that by receiving treatment for myself or for my dependents, I authorize and accept responsibility to pay for such treatment at the time of service. Any outstanding balance not covered by dental insurance is due and payable upon notification. I agree to abide by these policies.

Name of Financially Responsible Individual

Signature

Date

Name(s) of your dependent(s):
