

**FINANCIAL POLICY**

**Payments:** For your convenience, we accept cash, checks, and credit cards (Visa, MasterCard, Discover, and American Express). A fee of \$30 will be added to your account for any checks returned by your bank. Unless a payment plan has been approved in writing, the balance on your statement is due and payable when a statement is issued, and is overdue if not paid by thirty (30) days after statement date.

**Finance charges:** A finance charge will be imposed on each procedure of an account which has not been paid within 60 days of the time the item was added to the account. The finance charge will be computed at a 1.5% monthly finance/interest charge. If the account becomes past due, we will take necessary steps to collect the remaining balance, which may negatively impact credit history and/or lead to the dismissal from our office.

**Divorce:** In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a dependent/child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

**Patients with insurance coverage:** Insurance benefits are determined by your employer, not the dental provider. Insurance is not a guarantee of payment; it may not cover all your costs. **Your insurance policy is a contract between you, your employer, and your insurance company. Payment to Tyler Link & Barnes is ultimately your responsibility.** You agree to authorize assignment of insurance rights and benefits directly to the provider for any services rendered. As a courtesy we will file your dental claim for you, but we do not accept responsibility for the outcome of the transaction. By having our office process your insurance forms, it is important to understand that this does not eliminate your financial obligation for your treatment. Our practice will not enter into a dispute with your insurance company over a claim. We will cooperate with documentation requests from your insurance company, but it is ultimately your responsibility to resolve any type of dispute over payments made or not made by your insurance company to our practice. If your insurance company has not paid your claim within 60 days after the date of service, the full amount is due and payable by you. We will promptly refund to you any insurance payments we receive if you have already paid the balance on your account. **It is your responsibility to inform us of any changes in your insurance coverage.**

**Secondary Insurance Policies:** Even if you have dual coverage (which is possible when you and your spouse both have insurance) there may still be a portion that is your responsibility. We file claims to many different insurance companies, and it is impossible for us to know what your insurance provider deems as a non-covered service or a duplicating procedure.

**Delta Dental Wellness Insurance:** In order to provide a continued high level of care to our patients, we will not be accepting any new patients with Delta Dental Wellness Insurance. New patient status also applies to previous patients with an inactive status (those patients who have not been seen in our office in over 24 months). If a new patient has or switches to Delta Dental Wellness Insurance, they will be seen on an emergency basis only for 30 days. During that 30-day window before termination, we encourage the patient to reach out to their insurance to find another office who can provide the services needed. The office will forward any records to the new dental care provider upon request. This policy will be effective March 1, 2023 and will apply to all new and inactive patients from that date forward.

**Appointments involving lab work:** Procedures involving lab work may require a 50% down payment, the remaining balance must be paid before final delivery.

**This is an agreement between Tyler Link & Barnes and the patient named on this form. By executing this agreement, you consent to treatment by Tyler Link & Barnes and agree to pay for all services that are received. Once you have signed this agreement, you agree to all terms and conditions contained herein and the agreement will be in full force and effect.**

**PATIENT'S NAME** (Please print): \_\_\_\_\_

**RESPONSIBLE PARTY if patient is a minor** (Please print): \_\_\_\_\_

**PATIENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Legal guardian/parent to sign, if patient is a minor)