

FINANCIAL POLICY

We, the staff of *Aaron Tropmann, DDS. & Gary Oyster, DDS.* are committed to providing you with the highest level of care and to building a successful provider-patient relationship with you and your family. We believe your understanding of our patient's financial responsibility is vital to that provider-patient relationship and our goal is not only to inform you of that financial policy but also to keep the lines of communication open regarding them. If at any time you have any questions or concerns regarding our policies, or responsibilities please feel free to contact us.

Please understand that payment for services is an important part of the provider-patient relationship. If you do not have insurance, proof of insurance, or you participate in a plan that will not honor an assignment of insurance benefits, payment for services will be due at the time of service unless a payment arrangement has been approved in advance by our staff.

We make payment as convenient as possible by accepting (cash, personal checks, MasterCard, Visa, Discover and CareCredit-patient payment plans).

Insurance

Please remember that your insurance policy is a contract between you and your insurance carrier. We will, as a courtesy, bill your insurance and help you receive the maximum allowable benefit under your policy. We have found that patients who are involved with their claims process are more successful at receiving prompt and accurate payment services from their insurance carrier. We do expect patients to be interactive and responsible for communicating with your insurance carrier on any open claims.

It is your responsibility to provide all necessary insurance eligibility, identification, authorization and referral information and to notify our office of any information changes when they occur. Even a preauthorization of services does not guarantee payment from your insurance carrier. We also require photo identification when accepting insurance information. It is the patient's responsibility to know if our office is participating or non-participating with their insurance plan. Failure to provide all required information may necessitate patient payment for all charges. When insurance is involved, we are contractually obligated to collect co-payments, co-insurance, and deductibles, as outlined by your insurance carrier.

Cancellation Policy

To best serve all our patients, we kindly ask for 24 hours' notice if you are unable to keep an appointment. This allows us to offer the appointment to another patient. If you fail to keep your appointments without notifying us in advance: a missed appointment fee of \$50.00 will be assessed.

I have read and understand the above financial policy. I agree to assign my insurance benefits to Aaron Tropmann, DDS., PA. whenever applicable. I understand that my dental insurance may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf.

Signature

Date