FINANCIAL POLICY

Christiana Dental Associates
Medical Arts Pavilion 1
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Telephone: (302)-442-0800

In treament plans for our patients, we are guided by the current standard of care within the dental profession and by our own high standards of ethics and moral responsibility to our patients. Our responsibility is to provide you the highest quality of care, using the latest concepts and techniques in a clean, safe environment. In order to achieve this goal, we need your assistance and complete understanding of our financial policy. You are ultimately responsible for the fees of the professional services we provided.

Payment for services is due at the time services are rendered.

For your convenience, we accept cash, personal checks, Visa and MasterCard. In cases of comprehensive treatment plans extended over a long period of time, a special payment schedule will be arranged in advance. For these patients enrolled in a dental assistance plan (commonly referred as dental insurance) we will be happy to assist you in processing your forms for your reimbursement. In many cases, after your insurance company has verified us your eligibility and notified us of assignment of benefits, you will have to pay only your deductible and/or co-payment at each visit. We will wait up to 30-45 days for your insurance company to pay the balance. ***However, if payment is not received within 45 days then the entire amount becomes due and payble by you immediately.***

The adult that accompanies a minor (and the minor's parents or guardians) are responsible for full payment at the time of service.

An appointment is a confirmation that the time has been reserved for your treatment. We do NOT assess a cancellation charge if at least 24 hours of notice is given. However, ***a cancellation charge of $45.00 (per half hour of scheduled time) is assessed for each "NO SHOW" or appointment cancelled without 24-hour notice.***

Checks returned from your bank unpaid are subject to a $20.00 processing charge.

Accounts unpaid after 30 days from the date of servide incur a finance charge of 1.5% (18% annum) on the outstanding balance. If your account is referred for collection, you will be responsible for collections costs in the amount of 30% of the oustanding balance, and all related court costs and reasonable attorney fees.

We will discuss your proposed treatment, fees for treatment, and answer any questions relating to your treatment or professional fees. Please do not hesitate to ask us for clarification on any manner regarding your treatment. For those of you with dental assistance programs (insurances), please remember that: (1)***your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract and there is nothing we can do regarding the coverage provided; as dental health care providers our relationship is with you, not your insurance company; (2)*** Our fees fall within the range authorized by many insurance companies and most of your patients receive maximum assistance from their companies up to the policy limits; however, all patients are responsible for the policy deductible and/or co-payments; (3) A few insurance companies reimburse on an arbitrarily "schedule" which bears no relationship to the current standard of care or the actual cost of providing dental services; not all services are a covered benefit in all contracts and some companies arbitrarily select services which they can exclude.

We realize that temporary financial problems may affect the timely payment for your account. If such problems do arise, please contact us promptly for assistance in the management of your account.

If you have any questions about your diagnoses, treatment plans, or any concern regarding the professional fees of your dental assistance (insurance) program, please do not hesitate to ask us. We are here to serve you.

I have read and understand the above financial policy and agree to abide by it.

Patient (or person responsible for the account)_____Date_____

Additional family members include:_____Date_____