

PATIENT/FINANCIAL POLICIES

Patient
Name

Date

Thank you for choosing Jordan Creek Family Dentistry, PC for your dental health. As a patient of this practice, please know that we will strive to give you not only the best care using the best technology, but help to make your treatment affordable. To accomplish all of our goals, and meet your needs, we will offer detailed treatment plans which include your insurance coverage percentages and your financial portion for all necessary treatment. We have implemented several payment options and will submit with your dental insurance quickly and correctly. We will also strive to ensure that communication about finances is open and that your questions or concerns are answered as quickly as possible. We comply with all HIPPA regulations, and have information available upon request. **Please read each paragraph below, noting where you have questions or concerns, and then initial on the blank following each paragraph. Your initials give your consent that you have both read the policy and understand and agree to the terms within.**

We have responsibilities to your dental health. As a patient at JCFD, PC you have a responsibility to notify us of any changes of address, phone number, or insurance coverage. We also ask that you provide us with at least two business days notice to reschedule any visit.

As part of our goal to help make your dental treatment more affordable, JCFD, PC will file dental claims to your insurance company. Prior to your new patient appointment, we will contact your insurance company to obtain your insurance coverage percentages. After discussing your necessary dental treatment, we will use the percentages to determine your out-of-pocket portion. Please be aware that THE AMOUNTS LISTED ON YOUR PLAN ARE ESTIMATES ONLY. We take great care to check your insurance benefits, however, we do not guarantee the estimates will be the exact amounts paid by your insurance company because your insurance company will refuse to guarantee ANY payment until a claim has processed. IN THE EVENT THAT YOUR INSURANCE COMPANY PAYS LESS THAN ESTIMATED, THE REMAINING BALANCE IS YOUR RESPONSIBILITY. Please note that you always have access to your current account status with JCFD, PC and are encouraged to call with any questions or concerns. You will be made aware of the payments both you and your insurance company have made by receipts from JCFD, PC by the explanation of benefits from your insurance company, and from statements sent to you from JCFD, PC. We have several payment options available to you in order to complete your necessary dental treatment without straining your budget. We accept CASH, CHECK, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, DEBIT, or MONEY ORDER. If you choose to make payment using a check, please note that a \$35 fee is assessed to any checks returned to us unpaid. We also have financing available through CARE CREDIT, CAPITAL ONE, and SPRINGSTONE FINANCIAL. We have information available about these financing programs and can help you apply for credit. In the event of a past-due account, you, the patient, are responsible for any costs incurred by JCFD, PC to collect any unpaid fees. Furthermore, any legal action required to collect unpaid fees will be subject to the jurisdiction of Dallas County, Iowa.

We are pleased and thankful you have chosen us for your dental care, and we welcome you to our family!