



Financial Policy

Patients with Dental Insurance: As a courtesy to you, our office will gladly submit services to your insurance. We are able to bill to traditional, indemnity insurance plans. We do not accept DMO or DPO plans (Dental Maintenance or Dental Provider Organizations). Under these plans, there is NO COVERAGE when treatment is rendered by a non-participating dentist. Please review your plan type carefully. We are an in-network provider with many policies; Delta Dental Premiere, Connection Dental, Guardian, Humana, United Concordia, MS Medicaid, MSCan, and MS Chips. For specific information about in or out-of-network benefit amounts please contact your insurance company.

Authorization to Release Info and Assignment of Benefits: I certify that I, _____, (or my dependent) have (has) dental insurance coverage and assign directly to Collier Dental all insurance benefits, if any, otherwise payable to me for services rendered. I hereby authorize the doctor and/or the staff to release all necessary personal information to my insurance company in order to secure the payment of benefits.

Payments: We accept cash, check, all major credit cards, Wells Fargo, Citi, and Care Credit. ***There is a 3% fee for any credit card transaction, however there is no additional charge for debit cards transactions.*** Payment of your “estimated” portion is due at the time services are rendered, such as your annual deductible and/or percentage of the treatment not covered by insurance. As a courtesy, we will gladly contact your insurance in order to provide an “estimate” of your patient portion. However, despite this, we cannot **guarantee** the payment of insurance benefits nor can we provide 100% accuracy of this estimated amount since many factors are involved that determine the actual payment of benefits once submitted and processed by your insurance. Should an outstanding balance result after your insurance company processes your claim, you will then be sent a statement. Payment in full is due by the due date printed on the statement. Our office policy does not allow partial payments. If a credit balance should result after insurance processes your claim, a refund will be promptly issued to you.

Unpaid Insurance Claims: All dental services rendered, whether or not covered by insurance, are ultimately the financial responsibility of the account holder. We will give your insurance company 60 days to remit payment. If there is still no payment after this time, in order to keep your account current, you will be financially responsible for 100% of the outstanding insurance claim. A statement will be sent to you, and payment in full will be due on the date printed on the statement. It is the responsibility of the account holder to follow up with their own insurance company regarding the non-payment of a claim. Should our office eventually receive a payment from your insurance after it has been paid by you, a prompt refund will be issued.

Past Due Accounts: If payment is not received by the due date printed on the statement, then your account is considered “past-due”. We reserve the right to impose a service charge of 2% per month (18% per annum) on the unpaid balance on all accounts exceeding 30 days, unless previous financial arrangements have been made. If the balance is still unpaid after 90 days, the account will be turned over for further collection action and a 35% collection fee will be added to your total balance. If an account is turned over to our collection agency and/or our attorney for collection, the account holder will be responsible for ALL attorney and/or collection fees that this office incurs while attempting to collect on the unpaid balance. These collection fees will be added to the outstanding portion of the account, and will also become the financial responsibility of the account holder.

Patients without Dental Insurance: Payment in full is expected at the time services are rendered. We accept cash, checks, all major credit cards, Well Fargo, Citi, and Care Credit. ***There is a 3% fee for any credit card transaction, however there is no additional charge for debit cards transactions.***

Broken/Missed Appointments: We request at least 48 hours’ notice before cancelling or rescheduling an appointment. That way, we have time to fill the opening in our schedule. We reserve the right to charge your account \$25.00 if we are not notified at least 24 hours prior to your appointment. Thank you for assisting us in keeping our schedule full.

Collier Dental reserves the right to update and make changes to the above-stated financial policies at any time without prior notification.

By signing below, I verify that I completely understand, agree, and accept the policies outlined above. I further acknowledge that I am responsible for all dental services rendered for me and my dependents (if applicable).

Patient Name (print): _____ Date: _____

Responsible Party Signature: _____

Relationship to Patient: _____