



DEEANN BENNETT DDS, PA  
*cosmetic and family dentistry*

## Financial Policies

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Thank you for choosing our office for your dental needs. Our commitment is to provide you with optimum dental health and excellence in individualized care. We are dedicated to provide you dental care given with gentleness and compassion. We strive for excellence in individualized care, serving our patients and community with positive communication and integrity. Our staff is available to answer any questions and assist you in anyway we can.

Payment for services is due at the time services are rendered. We gladly offer a 10% discount to our senior patients over the age of 65 that do not have dental insurance.

For our patients with dental insurance:

- We ask that new patients pay in full at their first appointment
- As a courtesy to our patients, we will assist you in filing the necessary forms to receive the full benefits of your coverage. The insurance relationship constitutes an agreement between the patient, their employer and the insurance carrier. Therefore, we can make no guarantee of estimated coverage or payment.
- All fees are the patients responsibility
- Our fees are based on the specific procedure and our expertise. Insurance companies sometimes use the term "usual and customary" to describe their fee limits. Although these limits are called "customary" they may or may not reflect the fees that area dentists charge. The "usual and customary" fee reflects the amount negotiated between the employer and the insurance company.
- We ONLY file primary insurance. We will be happy to provide you with the necessary information to file your secondary dental insurance.

Payment Options

- Pay in full at time of appointment
- Insurance Co-Pay at time of service. We will collect your estimated dental co-pay at time of services and then once we receive payment we will send a statement for any balance that may remain after insurance pays.
- Capital One payment plan for treatment between \$1,500 - \$2,500 with pre approval

Charges for Returned Checks

- Patients will be charged a \$25.00 returned fee for any check that is returned. The patient will need to pay balance plus the returned check fee with cash or a credit card.

I understand that any estimate of insurance benefits given to me by this office is not a guarantee of insurance payment. I also understand that I am ultimately responsible for all charges incurred for dental treatment for myself and my dependents in this office. Once insurance payment is received any balance over 90 days will be the patient's responsibility.

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date