

# FINANCIAL POLICIES

## Insurance

Keystone Dentistry (“We”) must receive accurate insurance information at the time of the appointment. If not, patient(s) or the financially responsible party for the patient (“You” or “Your”) are required to pay in full for fees when services are rendered. You will also be required to pay in full for fees when services are rendered if your insurance carrier refuses to grant assignment of benefits to Keystone. You are responsible for paying deductibles and co-payments before or at the time of service. Actual amounts received from insurance plans may vary greatly from any estimate of benefits we may provide You. Regardless, You are responsible for paying all charges not covered by Your primary insurance plan. If the accuracy of any such estimate will impact Your decision as to the acceptance of a treatment proposal, You are encouraged to contact Your dental insurance carrier for any clarification from them before beginning treatment. We will submit a primary insurance claim for You up to two times per appointment. Any further insurance appeal becomes Your responsibility. Except for deductibles and co-payments, **You are responsible for payment in full the sooner of: (A) when insurance makes payment on Your claim; and (B) 60 days from the date services are provided even if the insurance company has not paid.**

If we refer you to another health professional, please note that we do not take responsibility for nor do we maintain information as to the status of Your insurance plan with referring doctors (i.e. we don’t know if they are considered in-network, out of network, etc. with your insurance plan(s)). **If this will impact Your decision as to the acceptance of treatment with them, You are encouraged to contact Your dental insurance carrier for any information and clarification You may need before beginning treatment. We are not responsible for any amounts You may owe other health professionals.**

## Payment Terms and Other Issues

Full payment of fees is due before or at the time of service is rendered unless insurance filings are involved as described above. Payments can be made by cash, check or various charge cards accepted by Keystone.

A service charge for returned checks will be assessed. Currently this fee is \$35 and may change from time to time without notice. You may also be responsible, up to limitations set by law, for fees charged by collection agencies or attorneys in situations where they are involved in the collection of account balances.

**A service charge for failed appointments and appointments not cancelled within 24 business hours may be assessed. Currently this fee is \$35 and may change from time to time without notice.**

## Acknowledgement and Agreement

As the patient and / or the financially responsible party for the patient, I certify that I have read, understand, and agree to all terms of this Financial Policy. I further understand that a photo static copy of this form shall be considered as effective and valid as an original. I will hold Keystone or any of its employees harmless for any omissions I have made in completion of information. I authorize Keystone to release information regarding my treatment for the purposes of filing for potential payment of benefits when applicable and I grant assignment of any such proceeds to Keystone.

\_\_\_\_\_  
Financially Responsible Person Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date