

Statement of Financial Policy James Stuart Dentistry

Welcome to our practice! We are honored that you have chosen to receive your dental care in our office, and we pledge to provide you with thorough, excellent care.

We consider providing high-level dentistry and great customer service to be our commitment to you. In return, we ask that you make a commitment to honor the terms of our financial policy. Please read the items below, and acknowledge acceptance of these terms with your signature. Please ask if you have any questions.

- Payment for all services is expected at the time of treatment.
- We accept cash, check, MasterCard, Visa, American Express and Discover.
- Regarding Dental Insurance Benefits: As a courtesy, we will file an insurance claim on your behalf. Please keep in mind that Dental Insurance is a benefit and only meant to assist you in the payment of your dental treatment. We will do our very best to estimate “what insurance will pay” and “what you will pay”. You will be asked to pay your portion at the time of treatment. **If we cannot obtain payment from your insurance company-for any reason-within 60 days from the treatment date, you must pay the unpaid balance at that time.** It is very important for you to understand that you are responsible for your balance, not the insurance company. Please also understand we cannot be responsible for confirming every aspect of the policy that affects payment of benefits, ie: dates that policies begin or terminate, waiting periods, or exclusions of certain procedures.
- We offer financing of care through CareCredit. Ask for details.
- There will be a 1.5% finance charge on all accounts that are 30 days past due.

I have read and understand the above information. I understand that if my insurance company has not paid a claim at 60 days following the date of treatment, I will immediately remit this balance to Dr. Stuart.

Signature

Date