

Overland Dental

2720 Overland Road
Boise, ID 83705
(208) 345-9096

Thank you for choosing our team to meet your dental healthcare needs. We are committed to having a successful relationship with you. In this effort, we need your assistance and understanding of our appointment and financial policies.

Appointments

We will do our best to schedule your appointment at a convenient time. Twenty-four hour notice is requested if you are unable to keep your appointment. Appointments are confirmed by phone whenever possible. However, if we are unable to reach you, we trust that you will keep your appointment or a cancellation fee of **\$35.00** may be charged.

Payments

Unless other arrangements are approved by us in writing, the balance on your statement is due and payable upon statement issuance, and is past due if not paid by the end of the month.

Required Payments

Any deductibles and co-insurance amounts are required to be met by your insurance company at the time of service.

Returned Checks

Checks returned to us by your financial institution will be subject to a **\$20.00** returned check fee.

Financial

The estimated patient portion is due at the time treatment is provided. However, for larger treatment plans, we will provide you with alternative payment options. We accept cash, check, Visa, Mastercard, Discover, American Express, and CareCredit. Any balance older than ninety days is subject to a finance charge. The **FINANCE CHARGE** is computed at the rate of **one (1%) percent** per month or an **ANNUAL PERCENTAGE RATE** of **twelve (12%) percent**. This charge is computed by applying the periodic rate (1%) to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed ninety (90) days ago, then subtracting any payments or credits applied to your account during that time.

Insurance

As a courtesy to you, we will file your claims with your insurance company. We will try to answer any questions you may have about your insurance company and policy. However, we will ask you to contact your insurance company with any additional questions. We do our best to estimate any patient portion due with the information provided by your insurance company. However, your contract is with you and your insurance company. **IT IS YOUR RESPONSIBILITY TO KNOW AND MONITOR YOUR BENEFITS AND YEARLY MAXIMUMS.**

***Please note**, insurance companies often pay what they call "usual and customary" fees. This means that they may only pay a portion of our fee schedule due to the plan that your employer has purchased from your insurance company. The difference between an insurance company payment and our bill is always the patient's responsibility.

Contracting Insurance

If we are contracted with your insurance company, DELTA DENTAL, BLUE CROSS, and REGENCE, we must follow our contractual obligations and their requirements. Any co-pay or deductibles must be met at the time of service. Your insurance company will make the final determination of eligibility.

Non-Contracted Insurance

Insurance is a contract between you and your insurance carrier. We are NOT a party to this contract. We cannot be held responsible for any plan limitations or plan exclusions. Although we estimate what your insurance company may pay, it is your insurance company that will make the final determination of benefits payable and eligibility. You will be responsible for any charges incurred and not covered by your plan.

Insurance Companies who "Pay the Patient"

If your insurance company issues payment to you for services rendered, we will ask for payment in full at the time of service. Insurance claims will still be filed on your behalf.

I understand that by signing this form, I agree to the terms and conditions listed in the above policy. I acknowledge that I am ultimately responsible for the balance on my account for any professional services rendered.

Signature of Patient or Responsible Party

Print Name

Date