

OFFICE FINANCIAL POLICY

We have made every effort to keep down the cost of dental care in our practice. Our office payment procedures are as follows.

Hobson Dental accepts cash, checks, and all major credit cards including Visa, MasterCard, American Express, and Discover. You will be expected to pay in full when services are rendered unless prior payment arrangements have been made.

For your convenience, crowns and bridges may be paid in 2 separate payments. The first half will be due when the teeth are prepped. The second half will be due at your appointment to have the crowns cemented, unless other financial arrangements have been made prior. Charges must be paid in full before crowns are delivered.

For patients that have insurance, we will accept assignment of benefits from your insurance carrier. Most insurance plans do not cover 100% of the cost. Our office will estimate your out of pocket expenses along with your deductible and this amount will be due at the time of service. Insurance amounts are only an estimate and you will be responsible for whatever the insurance does not cover. Please keep in mind that dental insurance is a contract between you and them. We will submit all insurance claims as a courtesy. After 90 days, if your insurance has not paid, you will be responsible for payment of the remaining balance.

For patients that are federal employees, payment from insurance is delayed for several months and is paid minimally from a fee schedule. These patients will be required to pay their full estimated out of pocket expenses at the time of service based on the appropriate fee schedule. Insurance claims will be filed by the office. If after 90 days the insurance has not paid, you will then be responsible for the outstanding balance. You will be reimbursed by the insurance.

Care Credit Financing is available for patients with an approved credit application. We offer interest free financing for up to 18 months for larger treatment plans for patients who qualify. Please see our Office Manager for more information regarding Care Credit financing.

Signature _____

Date _____