

DR. KRISTEN STEWART, DDS

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Our Financial Policy:

Thank you for choosing us as your health care provider. The following is a statement of our financial policy, which we require you to read and sign prior to treatment.

Full Payment is due at the time of service.

We accept cash, personal checks, Visa, MasterCard, and CareCredit.

Insurance Policies:

As a service to our patients we will be happy to submit an insurance claim and any additional information required from your insurance carrier to assist you in receiving your maximum insurance benefit. However, in the event of an unpaid benefit by your insurance company, you will be responsible for the balance in full. Your insurance policy is a contract between you and your insurance company; we are not a party in that contract. If you have a question about why your insurance company has paid a certain amount, or disallowed the amount, we encourage you to call your insurance company. If you have a third party insurance, our office will not bill that company for you. It will be your responsibility to collect from your third insurance company.

If you are covered by more than one insurance company, please do not assume that you are covered at 100%. Some insurance companies do not coordinate benefits and some have waiting periods on certain procedures. You need to be aware of your maximum and how much you have used.

You need to notify us of any changes in your dental insurance coverage, or if you have had dental work completed at another office in the current year. It is your responsibility to provide us with this information. Please provide us with all of your dental insurance information or if there has been a change of insurance when you arrive for your appointment so we can properly submit your claims.

If your insurance has not paid your account in full within 45 days the balance is due in full.

All co-pays and deductibles are due at the time of service. We provide the best treatment for your dental health. Some procedures may not be covered by your insurance; you may verify with your insurance company before treatment is started .

Usual and Customary Rates

You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minors and Guardians

The adult accompanying a minor, or the guardian of a minor, is responsible for full payment.

Collection

In the event that Dr. Stewart has sent your account to collections and/or pursued legal action through a collection agency or court, you will be charged 40% of the bill to be pursued, plus fees, costs, and attorney fees that occur due to litigation. If a check is returned with insufficient funds (NSF), there will be a \$30.00 return check fee, even if we run the check through again.

Missed Appointments

We request that you (the patient or the guardian of the above mentioned minor) give us at least 48 hours advance notice if you need to change an appointment. We reserve the right to charge for missed and/or failed appointments at the rate of \$100.00. Please help us to serve you better by keeping your scheduled appointments. We reserve the right to dismiss the patient if he/she misses more than 3 scheduled appointments.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy.

Patient's Name

Patient Signature

Date

