



Insurance and Financial Policy

At **Sunrise Dental of Olympia** we look forward to providing you high quality dental care at an affordable price. Each year we provide outstanding dental care to hundreds of patients. Some have dental benefits but some don't. If you have dental benefits, congratulations! You are very fortunate. Here are some important things you should know:

- **If you have any questions regarding your dental benefits please contact your employer or insurance company directly.** Your dental benefits are based upon a contract made between your employer and an insurance company. While we do get a breakdown from insurance of specific benefits we do not know every single plan provision and limitation and cannot speak on behalf of the insurance company.
- We currently accept most private care insurance plans. This means that we work with literally hundreds of insurance companies. Although we can maintain computerized histories of payment by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion based on the most up-to-date information we have, but it is **ONLY AN ESTIMATE**. If you would like to know your insurance benefit. We will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment but will give you the exact out of pocket figures you may require.
- ***We will bill your insurance as a courtesy.*** If insurance does not pay within 90 days, **Sunrise Dental of Olympia** reserves the right to request payment in full for the services from you and let you collect the insurance funds that are due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.
- ***Patient portion is due at time of service.*** We accept MasterCard, Visa, American Express, Discover, cash, and checks (for existing patients with established payment history). We do not accept checks for over \$500.00 for any patient. Checks returned for insufficient funds are subject to a \$35 fee. Any co-payments not made at time of service may be subject to billing fees and if left unpaid be submitted to collection agencies.
- If you are in need of an extended finance option, we also work with CareCredit, who offers 3 or 6 month "same as cash" on approved credit.
- A specific amount of time is reserved especially for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at **least 24 hour** notice to avoid an **\$85/hour cancellation fee**.

I agree with the above conditions.

Print Name: _____ Date: _____

Patient/Parent Signature: _____