**Office Financial Policy**

Welcome to the dental office of Kimberly Rice, DDS. We are delighted to have you as a patient and look forward to providing you and your family with the highest quality dental care. To ensure a smooth and transparent experience, we ask that you carefully review our financial policy, which outlines the terms of payment and insurance coverage.

**Payment is Due at the Time of Service**
Payment for all services is due at the time they are rendered. For your convenience, we accept the following forms of payment:

* Cash
* Checks
* Visa, MasterCard, Discover, American Express
* CareCredit
* Money orders or registered checks

**Full Payment Discount for Non-Insured Patients**
We offer a **10% discount** for services paid in full with cash or check on the day of service.
We offer a **7% discount** for services paid in full with a credit card.

**CareCredit**
We are pleased to offer CareCredit, a healthcare credit card that allows you to make affordable monthly payments for your treatment. If you are interested in applying for CareCredit, please visit [www.carecredit.com](http://www.carecredit.com) to begin the pre-approval process.

**Insurance Benefits**
Insurance benefits are determined by your employer, not by your dentist. Your dental insurance policy is a contract between you and your insurance company. It is your responsibility to understand your coverage and benefits, as insurance is not a guarantee of payment and may not cover the full cost of treatment.
As a courtesy, we will file insurance claims on your behalf if you provide your dental insurance card and all required employer information. However, if we are unable to verify your insurance details prior to treatment, you will be required to pay for services rendered at the time of your appointment.

* **Delta Dental**: As a participating provider, we can typically determine your copayment, coinsurance, and deductible at the time of service and will collect those amounts during your appointment.
* **Other Insurance Providers**: Before any restorative treatment, we will discuss your treatment options and provide an estimate of your financial responsibility. Please note that this estimate is not a guarantee of insurance payment. You should contact your insurance company directly to confirm your benefits. All charges incurred are your responsibility, regardless of your insurance coverage.

**Appointment Cancellations**
Appointments are scheduled specifically for you. We understand that situations may arise, but we ask that you notify us at least **24 hours in advance** if you need to cancel or reschedule your appointment.
Failure to provide 24-hour notice or missed appointments will incur the following fees:

* **$75 fee** for cancellations within 24 hours or for missed appointments.
* **$150 fee** for missed appointments lasting 2 hours or more.
These fees are not covered by insurance.

**Payment Plans**
Payment plans are available for comprehensive dental treatment. We require that a credit card be kept on file, and the agreed-upon monthly payments will be charged to this card. Payment plans are limited to a maximum of three months. Please contact us to arrange a payment plan before beginning any treatment.

**Collection Agency**
Accounts that remain outstanding after our best efforts to collect will be referred to an outside collection agency.

**Outstanding Balances**
If you have an outstanding balance after 30 days, the following service charges will be applied:

* **Less than $100**: $5 service charge
* **$101–$250**: $10 service charge
* **$251–$500**: $25 service charge
* **$500 and above**: $50 service charge

By signing below, I acknowledge that I have read and fully understand this office financial policy.

**Patient Name (Printed)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Patient Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions or need further clarification, please don’t hesitate to reach out to us. We are here to assist you in every step of your dental care journey.