

BURNET DENTAL CENTER

FINANCIAL POLICY

PATIENTS WITH DENTAL INSURANCE COVERAGE

As a courtesy to our patients we will gladly process your insurance claims to your primary insurance provider. We will give you the forms necessary to file to your secondary insurance. We participate in many insurance plans, but please inquire if we accept yours to avoid billing problems later. Please update our front office any time there is a change in insurance AT LEAST 24 HOURS PRIOR to your appointment. We ESTIMATE your deductible for the year and your portion due that is not covered by insurance. The total portion that is not covered by insurance is due the day treatment is completed. Parents must send co-pays due with minors at the time of their appointment. If your insurance plan denies coverage for services rendered, you are responsible for the remainder of the balance.

DISCOUNT PLANS, CASH DISCOUNTS, THIRD PARTY LENDERS

To make dentistry more affordable and available to our patients without insurance coverage, we have instated several options for financial assistance.

Burnet Dental Center Savings Plan (DSP): We believe this In-House plan is the best option for those without dental insurance. It may be an even better option than some insurance plans on the market. Our front desk is happy to review this option with you.

Third Party Lenders: We have teamed up with Care Credit and Lending Club to give you options for dental financing. Don't hesitate to ask a team member how to work with these lenders.

Cash Discount: Patients that are not using any assistance such as the Burnet Dental Center Savings Plan (DSP) or third party lenders, will be able to utilize a 5% cash discount.

****These options for financial assistance are not to be combined in any way****

MISSED APPOINTMENTS/CANCELLATIONS

Twenty four (24) hours notice is required for cancellation of appointments. We reserve the right to charge a \$50 fee for broken appointments or ones that are not cancelled beforehand within a reasonable time frame.

ADMINISTRATIVE FEES (If applicable)

*Returned checks are subject to a \$30.00 fee.

* If collection and/or legal services are required to obtain payment, the patient will agree to pay for all legal fees and costs incurred.

The patient understands and agrees that, regardless of insurance (if applicable), they are ultimately responsible for the balance on his/her account for all charges and services rendered.