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Financial Policy

At Cole Family Dentistry, we believe that you deserve the best dental care available. As a cutting edge dental practice, we provide the most current dental technology to our patients and will work to assist you in maximizing your dental insurance benefits if they apply to you. In order for our office to consistently provide these services, it is necessary for you to understand your financial responsibilities.

Many patients count on dental insurance to help with the cost of their treatment, but unlike medical insurance, dental insurance **does not** typically cover 100% of all treatment, and is **never** a guarantee of payment. We encourage all of our patients to become familiar with your plan policy before scheduled appointments with us. We cannot be accountable for every stipulation written into the many number of different insurance plans. To expedite your care, please be prepared to share any updates in your insurance policy at the beginning of your visit.

When you schedule dental treatment in our office, we will give you an **estimated** treatment plan explaining the full charge, **estimated** insurance portion and **estimated** patient portion. If you are not paying the full charge to benefit from our pay-in-full discount, we expect the estimated patient portion at the time services are rendered. Even if we participate with your insurance policy, the treatment plan given is an **estimate**. Again, dental insurance is never a guarantee of payment, so be prepared to receive a statement from our office to collect any monies owed after your insurance has paid their portion, if at all. After the first statement, the balance will need to be promptly collected otherwise; we will be forced to turn your account to our collections agency. In the event of better-than-expected insurance coverage, a prompt refund will be issued.

The person bringing a child or minor patient (regardless of relation) must be prepared to satisfy any financial responsibilities for that child's appointment at the time of service.

If you do not have dental insurance coverage, you will be expected to pay in full at the time services are rendered.

By understanding your insurance plan and our financial policy, you will allow us to focus on your optimal dental health.

Your signature below confirms that you have read our policy and will abide by it.

Patient: _____

Patient (or Guardian) Signature: _____

Date: _____