

Bridgeman Dental Financial Arrangement

Welcome to our family practice!

Please take a moment to review the following, and we will be happy to answer any of your questions.

Dental Insurance

Because we are committed to providing you the best possible care available, our office is not contracted as a provider for any insurance company due to the limitations they attach to treatment, regardless of the diagnosis. Our commitment is to you, our patient, not an insurance company.

Your insurance benefits have been negotiated and purchased by your employer and offered as a benefit to you. We are not a party to that contract and have limited information regarding your benefits, but we will do everything we can to help you. As a courtesy, we will assist you in filing your claims to receive the maximum “out of network” benefits you are eligible to receive.

Missed Appointments/Late Cancellations

A specific amount of time is reserved especially for you, and we encourage all patients to keep their appointments. If you must change your appointment, we request at least 24 hours notice to avoid a \$50/hour cancellation fee.

Flexible Payment Options:

PLAN A: Prepayment Courtesy (Without Dental Insurance)

We offer at 10% accounting courtesy for all treatment that is paid in full (cash or check) at the time of service for patients *without* dental insurance.

PLAN B: Prepayment Courtesy (With Dental Insurance)

We offer a 6% accounting courtesy for all treatment when the estimated amount due is \$100.00 or more and is paid in full (cash or check) at the time of service.

PLAN C: Major Credit Cards

We accept MasterCard, Visa, and Discover. We offer a two payment option when the treatment requires more than one visit to complete. We ask that you pay 1/2 at the first appointment and the remainder at the final appointment.

PLAN D: Term Loan

By arrangement with Care Credit or Chase Health Advance, we offer our patients, upon approval, an interest-free term loan (up to 12 months) with no down payment, no annual fee, and no pre-payment penalty. Please ask us for an application.

Note: Patients with outstanding balances for 60 days or more must make arrangements for payment prior to scheduling future appointments.

I have read and understand the financial policy of Bridgeman Dental. I agree to assign insurance benefits to Bridgeman Dental when necessary. I also agree that should it become necessary to forward my account for collection proceedings, in addition to the amount owed, I will also be responsible for the fees associated with the costs of collection.

Signature of Responsible Party

Date

Witness