

# Simply Dental

4460 Atlanta Hwy  
Loganville, GA 30052  
770-554-3700

## Financial Policy

We are committed to providing you with the best possible care. If you have dental or medical insurance, we are anxious to help you receive your maximum allowable benefits, in order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered. We will accept cash, checks, and all major credit cards. We also accept Care Credit payment plans. We will be happy to help you process your insurance claim. Any such request must be accompanied by a completed insurance form and any updates at each visit.

Returned checks and balances older than 60 days will be subject to a \$25 charge and additional collections fees

We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

You must realize that:

1. Your insurance is a contract between you, your employer, and your insurance company. We are not party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most insurance companies and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (such as 50% or 80%) of U.C.R. which is defined as usual, customary, and reasonable.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. You will be fully responsible for any balance not paid by insurance within sixty days after your claim has been submitted. You will receive a bill from us showing the outstanding balance. We will be happy to provide any documentation to help assist you in collecting reimbursement from your insurance company directly.

We emphasize that as dental care providers, our relationship is with you, NOT your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the service was provided. We realized that temporary financial problems may affect timely payment of your account. If such problems arise, we encourage you to contact us promptly for assistance in the management of your account.

Our goal is to provide the best possible treatment for you and your family. That is not the goal of most insurance companies. This is an important thing to consider because we may recommend treatment that is in your best interest even though it may not be covered by your insurance plan.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, please do not hesitate to ask.

I have read and understand the financial policy:

Signature of patient, parent, or guardian: \_\_\_\_\_ Date: \_\_\_\_\_