

***Snoqualmie Ridge Family Dental
Financial Policy***

Thank you for choosing us as your dental provider. We are committed to the success of your treatment. Please understand that payment of our bill is considered a part of your treatment. The following is a statement of our Financial Policy that we require you read and sign before any treatment.

Regarding Insurance:

The balance is your responsibility whether your insurance pays or not. We cannot bill your insurance company unless you give us your insurance company's information. Your insurance policy is a contract between you and your insurance. If your insurance company has not paid your account in full within 65 days, the balance will be forwarded to your account. If any discounts are given and your account becomes delinquent, the discounts will no longer apply and the original cost will be recharged to your account. Please ask our front office if you have any questions regarding acceptance of your insurance.

Regarding Insurance Plans of which we are a participating provider:

All co-pays and deductibles are due at the time of service unless otherwise arranged with the Office Manager. We will bill insurance directly from our office and after the insurance pays their portion, we will forward the rest of the balance to you in a statement. In the event that your insurance coverage changes to a plan where we are not a participating provider, please refer to the above paragraph.

Please help us serve you better by keeping scheduled appointments. After the second missed appointment, there will be a \$40.00 charge unless 24hrs.notice was given. All charges will be applied to the account.

Thank you for understanding our Financial Policy, please let us know if you have questions or concerns.

Signature _____ Date _____