



CT Family Dentistry
945 Main Street, Suite 101
Manchester CT, 06040
(860) 646-1704

FINANCIAL POLICY

Thank you for choosing us as your dental provider. We are committed to your oral health. Payment of your bill is considered part of your treatment.

INSURANCE:

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. As a courtesy to you, our office provides certain services, including a pre-treatment estimate which we send to the insurance company at your request. It is impossible for us to keep track of every aspect of your insurance. It is up to you to contact your insurance company to learn what benefits your employer has purchased for you. If you have any questions concerning the pre-treatment estimate and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

Please be aware some or perhaps all of the services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays.

We are currently in-network with the following insurance companies:

- Aetna (PPO)
- Delta (PPO)
- Cigna (PPO)
- Anthem (PPO)

Our office offers you the courtesy of submitting dental claims to out-of-network PPO insurance plans. We help you maximize your benefits; however, your copays may be higher than in-network plans.

PAYMENT:

Regardless of your insurance status, you are responsible for the balance due on your account. You are responsible for any and all professional services rendered. This includes but is not limited to: dental fees, surgical procedures, tests, office procedures, medications and also any other services not directly provided by the dentist.

Payment options:

- cash or check
- Credit (Visa, MasterCard, American Express, or Discover)
- Care Credit

FULL PAYMENT is due at the time of service. If insurance benefits apply, ESTIMATED PATIENT CO-PAYMENTS are due at the time of service unless other arrangements are made.

- **Patients without insurance** are offered a 5% courtesy discount for payment in full at the time of service with cash or check. *Dental products and any services that require a lab bill are excluded.*
- **Senior citizens (60 and over) without insurance** are offered a 10% discount for payment in full at the time of service with cash or check. *Dental products and any services that require a lab bill are excluded.*
- **Active military and Veterans (with ID) without insurance** are offered a 10% discount for payment in full at the time of service with cash or check. *Dental products and any services that require a lab bill are excluded.*
- We offer in-house, interest-free payment plans up to six months for complex treatment.
- CareCredit is a health and wellness credit card with flexible financing options so you can pay over time for your care you want or need.
- For patients with dental insurance, we will work with your carrier to maximize your benefits. We will bill them directly for the cost of your treatment.
- All estimated out-of-pocket costs are subject to change and are the patient's responsibility.
- **It is your responsibility to be informed of your dental benefits.**
- We assess a \$35 fee for returned checks.

UNPAID BALANCES over 30 days, a financial charge of 1.5% is added monthly (18% yearly)

UNPAID BALANCES over 90 days may be sent to collections. If payment is delinquent, the patient will be responsible for payment of collection, attorney's fees, and court costs associated with the recovery of the monies due on the account.

Unpaid balances must be paid prior to initiating new treatment.

MISSED APPOINTMENTS: Please help us maintain the highest quality of care by keeping scheduled appointments.

- Unless we receive notice of cancellation 48 hours in advance, you may be charged \$50.00.
 - Fee must be paid prior to future visits.
- If there are too many failed/broken appointments you may be dismissed from the practice.
- If you fail your first appointment, you will not be rescheduled.