



SOUTH BAY PERIODONTICS

Financial Policy and Treatment Estimate

At South Bay Periodontics we strongly believe that a good doctor/patient relationship depends upon good communication and understanding. Our goal is to avoid any confusion concerning payment by providing you with our office Financial Policy and estimate of your treatment costs calculated and based on information provided to us by your benefits company prior to your treatment.

We accept most major benefit plans; however, at this time our office is considered out of network with all carriers except Delta Plans. As a courtesy to you we file claims directly to your carrier but all estimates provided to you prior to treatment are estimates only. Final payment is determined by your carrier when the claim is received. Your benefits are a contract between you and your carrier. At times you may need to contact your carrier personally to solve problems. We will notify you promptly if this is the case. All payment is contingent upon satisfied deductibles, available benefits, and patient eligibility. A predetermination of benefits will only be filed when requested by the patient.

While we always do our best to help you in filing your claims and receiving payment from your benefits company you (the patient) are ultimately responsible for the total cost of professional treatment rendered to you. We estimate your cost as close as possible. We cannot guarantee any payment from your carrier. **Your estimated portion is always due at time of service.** You will receive a statement for any remaining balance after your benefits pay and will be due within 30 days. In the result of your benefits company paying more than we anticipate you have the option of either keeping a credit on your account for future treatment or receiving a refund. Please allow up to 30 days from receiving final payment from your benefits company to request a refund. It is also possible that treatment plans may change as treatment is rendered. Unexpected treatment may become necessary and a revised estimate will be provided. All estimates are honored for a period of 3 months.

Our office accepts payment by Cash, Check, Care Credit, and major Credit Cards.

We require 5 business days notice to cancel or change an appointment to avoid being charged a late notice fee of \$75.00 for periodontal maintenance and \$300 for surgery. Please initial _____

By signing below you are agreeing to the above terms.

Signature of patient or guardian

Date

Name of patient