



FLAGSTAFF
518 North Beaver St. #A
Flagstaff, AZ 86001
(928) 774-4705

WILLIAMS
401 W. Railroad Ave.
Williams, AZ 86046
(928) 856-2100

FINANCIAL POLICY

Thank you for choosing us as your dental health provider. We are committed to your treatment being successful. Please understand that payment for service is considered part of your treatment. The following is a statement of Timberline Dental's financial policy. The financial policy must be read and signed prior to beginning any treatment or consultation.

- **FULL PAYMENT IS DUE AT TIME OF SERVICE**
- **UNPAID INSURANCE CLAIMS WILL BE CLOSED AND PATIENT BECOMES RESPONSIBLE FOR THE BALANCE AFTER 60 DAYS**

INSURANCE

We will attempt to help you determine your insurance benefits based on the information you provide. **Timberline Dental accepts no responsibility for the accuracy of negotiated fees, co-payments, eligibility, deductibles, or benefits.** Your benefits are a contract between you and your insurance company. We are not party to that contract.

We work with most insurance companies, and are happy to assist you in billing the insurance company. We do require all deductible and copayment amounts are paid at the time of service. The balance is your responsibility whether your insurance pays or not. We are only able to bill the insurance company on your behalf if you give us the complete and accurate insurance information.

In the event your insurance coverage changes or does not cover your treatment, you will be billed our standard fees. It is extremely important that you keep us updated of all changes to your insurance coverage.

PAST DUE BALANCES

Interest fees are applied to all past due balances. In the event of default you promise to pay the balance, any legal interest on the indebtedness, together with such collection costs attorney fees related to collecting the entire balance.

MISSED AND FAILED APPOINTMENT

As a courtesy to Timberline staff and other patients all appointments must be cancelled 24 hours in advance. Any failure to leave a message or speak with a member of the staff to give correct notice will result in a \$25 fee. All failed or "no-show" appointments result in a \$25 fee. The cancellation fee is due prior to treatment. Some insurance plans have built in charges for failed appointments or eligibility can be affected. Failed and late cancellation is reported to your insurance. Patients that fail three appointments will be discharged.

Thank you for understanding our financial policy. Please discuss any questions or concerns regarding these policies please discuss them with our operations manager. This will save any confusion or misunderstandings regarding your account later.

I have read and understand the Financial Policy. I agree to the terms and policies above.

Signature of Patient or Responsible Party

Date