

# Champaign Dental Group Financial Policy

Thank you for choosing Champaign Dental Group. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of that mission is making the cost of optimal dental care easy and manageable for our patients by offering several payment options.

## Payment Options

You can choose from: Cash, Check, Visa, MasterCard, Discover, flex spending, HSA, or long term payment with care credit.

## Insurance

To begin, we would like to highlight a misconception, dental insurance was not designed to pay for all dental care. Most contracts or policies have limits and/or various degrees of copayment. We do not base our level of care upon your insurance limitations.

The dental insurance contract is between the insurance company and the patient, whom bears the financial responsibility.

This office files insurance claims as a courtesy to our patients. However, changes in the insurance industry in recent years have made it increasingly difficult for our office to monitor individual insurance coverage. We will do our best to verify the coverage on your plan but ultimately you as the patient are responsible for knowing your plan and its limitations. Any changes to your dental plan we have on file must be conveyed to us in a timely manner.

Additionally, insurance companies vary in the time required to process a claim. While we do assist in the expediting of claim payments, **your charges with our office are ultimately your responsibility.** If your insurance company has not processed your claim within 45 days, we will bill you directly for our services.

## Please note

Champaign Dental group requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

A fee of \$25.00 is charged for patients who miss or cancel more than 2 times in a calendar year without 24 hour notice.

Champaign Dental care charges \$30.00 for returned checks.

Signature \_\_\_\_\_ Date \_\_\_\_\_