

Cynthia Stephenson DDS
1981 North Broadway Suite #212
Walnut Creek, Ca 94596
info@dentistofwalnutcreek.com
925-938-6000

Financial Policy

We are committed to providing the best quality Dental Care that is affordable, in a comfortable clean environment. In order to do so, we need your partnership and your clear understanding of our financial policies. Therefore, we ask that you read and understand the following:

- 1) If you have insurance** there is a unique contract between you, your employer and your insurance company. Not all services are covered by all insurance plans and the percentage of coverage varies significantly based on the contracted benefit the company has established. **Insurance coverage allowances should not be confused with the doctor's determination of which services are necessary and appropriate for your best care.** The doctor has a dental care relationship with you, separate from any contractual agreements with insurance companies. Because you are the recipient of services, all charges are your responsibility.

With exception of some Delta Dental plans, we are not a party to the contractual arrangement with your insurance company; however, **we do accept insurance** and want to help you receive the maximum reimbursement to which you are entitled. As a convenience to you, we will help you process your insurance claims in order for you to receive this maximum benefit. We will investigate, process, and follow up on your insurance benefits so you can minimize your inconvenience and out-of-pocket expenses. Every policy is different and we do not have access to every detail of every policy. It is in your best interest to know and understand your benefits, deductibles and co-payments before you seek services. We will collect your estimated patient portion at the time of service and bill your insurance for their estimated portion. **We do not receive a guarantee of benefits from your insurance company.** If there is a balance remaining after the

insurance portion is paid or denied it is due within 30 days. We understand that temporary financial challenges do arise and may affect timely payment of your account. If such a problem occurs, please contact our office promptly to make arrangements. Please remember you are fully responsible for all fees charged by this office regardless of your insurance coverage.

We will bill your insurance for services only if you have supplied us with your current, complete and verifiable information. **Please advise us of any changes.**

- 2) **If you do not have insurance**, payments need to be made at the time of service. For your convenience we accept most major credit cards and ATM cards.

In special circumstances we can make payment arrangements and offer Care Credit financing programs, but this needs to be arranged **prior** to services rendered.

- 3) Fee estimates are valid for 1 year from the date of the treatment plan.
- 4) **We thank you for choosing our practice and want to spend quality time with you. Because we want to provide you with an excellent team and see one patient at a time, we ask that you schedule your appointments at a time when you can keep the commitment. We understand that circumstances do come up that require you to reschedule your appointments on occasion. We ask for your commitment to notify us of a change 48 hours in advance. If you are unable to give us this advanced notice, we will make every effort to fill your time, but please understand if we cannot there will be a \$50 charge.**

I have read the above conditions for treatment and payment and agree to the content.

Patient Signature _____

Parent, if the patient is a minor _____