

# Tsuru Dental Care Payment of Service Policy

Thank you for choosing us as your dental healthcare provider. We are committed to the success of and the care for you dental needs. The following is a statement of our service payment policy.

All patients are required to fill out all information and insurance forms before being seen by the dentist.

FULL PAYMENT OF SERVICE IS DUE AT THE TIME TREATMENT IS RENDERED

WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS AND DEBIT.

**Regarding Insurance:**

We will accept assignment of insurance benefits and will be happy to file the claims for you; however, the responsibility of payment is ultimately yours. We are unable to bill your insurance company if we do not have us the correct information. Please be sure to provide your complete and accurate insurance information. Your insurance is a contract between you and your insurance company. We are not a party to that contract. We will wait up to 60 days for payment from your insurance company, after which time the balance will be due in full, and interest charges will be applied to balances over 90 days. Court/Legal fees are your responsibility if applied. Please be aware of your insurance maximums. Past experience has shown that even with prior authorization the exact amount paid by your insurance can not be predicted. **IT IS THE PATIENT'S RESPONSIBILITY FOR ANY BALANCE EXCEEDING THE MAXIMUM FOR THE YEAR.** We will try to give you the closest estimate possible, but **we can not guarantee exact payment by your insurance company.**

Regarding insurance plans in which we are a participating provider, **ALL CO-PAYS AND DEDUCTIBLES ARE DUE AT THE TIME OF TREATMENT.**

**Usual and Customary rates:**

Our practice is committed to providing the best quality of treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

**Minor Patients:**

The adult accompanying the minor is responsible for payment. For unaccompanied minors, non-emergency treatment will be denied unless payment is made prior to treatment.

**X-ray Release Fee:**

Transferring of x-rays is subject to a \$35 per patient charge. A signed release form is required in order to release any x-rays.

I have read the policy for payment of services. I accept and agree to this policy.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or Responsible Party for payment of services