

# Edelweiss Dental Financial Policy Form

I am responsible for my balance if any of the following occurs:

- 1) The treatment goes over my yearly maximum
- 2) My insurance company denies any treatment
- 3) I am not eligible for insurance
- 4) I prevent or delay payment by not complying with requests for more information on insurance forms or request for signatures
- 5) I fail to complete my treatment and it results in non-payment by the insurance company
- 6) Lab costs are incurred due to missing appointments
- 7) I received my insurance check and did not send it to the office

We bill insurance as a courtesy to our patients. We deal with thousands of insurance policies, and it is impossible for us to know the details of each policy. Accordingly, you are responsible for any charges less any amounts we may receive from your insurance carrier. Please be sure to review your policy and learn their limitations and non-covered procedures. We are able to give you an **estimate** for your co-payments and coverage. Your estimated co-payments will be expected at time of treatment. If financial arrangements are needed, they must be made **prior** to the appointment. All balances must be paid by you or your insurance company within 30 days. An interest charge of 1.5% per month will be charged to all accounts not paid within 30 days, and should collection be required to collect any past due sum, the patient understands and agrees they will be responsible for all collection cost and attorney fees whether or not legal action is initiated.

I have read and understand my obligations financially as a patient of Edelweiss Dental.

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Patient Signature

Date