

SHARON CHEN, D.M.D., P.C.

FAMILY DENTISTRY

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Specialists on Staff

INSURANCE AND FINANCIAL POLICY

At **Sharon Chen, DMD, PC**, we believe that you deserve the best care. That is why we always present you with the best possible dental solution to treat your personal situation. Each year we provide outstanding dental care to thousands of patients. Some have dental benefits but some don't. If you have dental benefits, congratulation! You are very fortunate. Here are some important things you should know:

Initial

_____ Your dental benefits are based upon a contract made between your employer and an insurance company. If you have any questions regarding your dental benefits, please contact your employer or insurance company directly. Dental benefits will never pay for your complete dental care. It is only meant to assist you.

_____ We currently accept all private care insurance plans (plans that do not require you to select a dentist from a list or require our office to accept a reduced fee for service). This means that we work with literally thousands of companies. Although we can maintain histories of payments by a given company, they do change; therefore it is impossible to give you a guaranteed quote at the time of service. We estimate your portion base on the most up-to-date information we have, but is it **ONLY AN ESTIMATE**. If you would like to know your insurance benefit, we will be happy to file a "pre-treatment authorization" with your insurance company prior to treatment. Keep in mind this is not a guarantee of coverage. This does delay treatment but will give you the exact out-of-pocket figures you may require.

_____ We will bill your insurance as a courtesy. If insurance does not pay within 90 days, we reserve the right to request from you payment in full for service and let you collect the insurance funds that due to you. This is rare but it is important that you recognize that the insurance you have is a legal contract between YOU and your insurance company. Our office is not, and cannot, be a part of that legal contract. Ultimately, you are responsible for all charges incurred in our office.

_____ We do require payment in full for your portion (deductible and copay) at the time of service. We accept major credit cards, cash, and checks (for existing patients with established payment history). If you are in need of an extended finance option, we also work with CareCredit, which offers 3, 6, 12 or 18 month "same as cash" or longer terms with an interest bearing revolving charge designed to meet your treatment plan needs on approved credit.

_____ When a specific appointment time is reserved for you, we require you to keep your appointment. If you must change it, we require at least 24 hour notice to avoid a \$48 cancellation fee.

_____ In the event of an emergency after regular business hours, a \$55 emergency fee for established patients and \$125 for new patients will be charged in addition to the necessary treatment fees.

I agree with the above conditions.

Print Name: _____ Date: _____

Patient/Parent Signature: _____