Financial Policy

We welcome you to our practice. The following is a statement of our financial policy. All patients must complete our New Patient Paperwork before seeing the doctor.

Unless previous arrangements have been made, all payments and co-payments are due at the time of appointment. Payment may be made by cash, check, credit card or prior approval from a Third Party Financing provider (our office participates with Orthobanc).

Dental Benefits
We are pleased that many of you have dental benefits and our office will assist you in obtaining the maximum benefits specified in your contract. However, your benefits are a contract between you and your insurance carrier.

We will assist you in determining your benefits as best we can. Because plans differ from carrier to carrier and policy to policy, our office may refer you to your carrier or your employer's benefits coordinator for assistance in understanding your plan.

Our practice is committed to providing the highest quality of treatment to our patients and we charge what is usual and customary for our area. We know how confusing insurance plans can be. If you have any questions, feel free to ask us. We may be able to help you.

For Orthodontics
Our office is enrolled with several insurance companies to accept assignment of benefits, or payments, for orthodontic services.
Prior to initiating orthodontic treatment your coverage will be verified and payment arrangements made for your balance.

Additional Fees

Returned Check Fee:
Our bank charges us a fee for any check that is returned for "insufficient funds" and a $40.00 fee will be added to the patient's bill if this occurs.

Aged Accounts
In the event that your account becomes delinquent for more than 60 days, you agree to pay a finance charge of 1.5% per month on any balance due, as well as reasonable collection costs, court costs, attorney fees and interest fees accrued with the collection of this account.

Appointment Policy
We respect your time and ask that you respect ours by honoring your appointment commitment.

A broken appointment is a loss to everyone. Remember, once you have made an appointment, this time is reserved for you. Please give us at least 24 hours notice if you are unable to keep your appointment. This will allow us to accommodate the needs of other patients more readily. If we do not receive a cancellation notice within 24 hours, a cancellation fee of up to $50.00 per patient ($100 per family) may be applied to your account.

Responsible Party

For patients under age 18, the responsible party is the parent /guardian who accompanies the patient and completes the child(ren)'s paperwork. This may or may not be the parent under whom the child is insured. Court documentation may be required in cases of divorce/separation to determine the financially responsible parent/guardian.

I have read the above Thrive Orthodontics' Financial Policy. By my signature I acknowledge that I understand and agree to abide by its terms.

Signature of Responsible Party: ____________________________________
Print Name_________________________________
Circle Relationship: SELF PARENT LEGAL GUARDIAN
Date:_______________________

Signature on File for Dental Insurance

I understand that my insurance is an agreement between my insurance company and me. I also understand that I am responsible for my balance regardless of my insurance benefits.

I authorize release of any information relating to my dental claims.

X__________________________________ __________________
Signed (Patient OR Insured Parent/Guardian) Date

I assign dental benefit payments to be paid directly to Thrive Orthodontics from my insurance company.

X___________________________________ _______________
Signed (Patient OR Insured Parent/Guardian) Date