

COASTAL FAMILY DENTAL

110 AUBURN ST. PORTLAND, ME 04130

207-797-7433

Insurance and Financial Information

Our practice strives to treat our patients with the best possible care under all circumstances. We are committed to offer you a range of treatment possibilities, when appropriate, and can often tailor these options to best fit your needs and wishes. Many questions arise during the examination and treatment process regarding our financial policy and the role of dental insurance. While we will be glad to submit a claim to your insurance, this does not necessarily mean that our office “participates” with that company. We strongly encourage you to determine if our office is a participating provider prior to your examination.

To file an insurance claim on your behalf, we kindly request that you provide your insurance information in advance of your appointment. **If this information is not available, payment is due in full at the time of service.** We accept cash, personal checks, debit cards, Visa, and MasterCard. A \$20 charge plus bank fees will be assessed for any returned checks.

We gladly offer and encourage pre-treatment estimate requests from your dental insurance. Please be aware that any estimate given is only an estimate and that charges may actually be higher or lower, depending on the nature of your procedure.

Insurance companies often differ in their policies regarding coverage of services that a doctor’s office may provide. For this reason, your policy may require you (the subscriber) to pay nothing, a deductible, co-pay, co-insurance or may require you to pay for the entire procedure, depending on the policy language. **Please be aware that your policy is a contract between you and the insurance company, not Coastal Family Dental.** While we will gladly file a claim on your behalf, you are ultimately responsible for charges incurred. For patients who do not have dental insurance, a 10% discount to all services can be applied when paying with cash or check on the day of service.

Charges for services are due and payable when the services are provided. Invoices unpaid after 90 days will be sent to Collections.

If you have any questions regarding our policy please contact us.

PERSON RESPONSIBLE FOR THIS ACCOUNT

I authorize assigned insurance benefits payable for services DIRECTLY to COASTAL FAMILY DENTAL. This authorization shall also serve as a release of any information necessary to complete processing of any claims submitted on my behalf, and allow release of my x-rays or summary of the doctor’s findings and treatment to other healthcare providers. I understand that this authorization shall serve as valid for up to one year or expire should my policy change.

I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR PAYMENT OF THESE SERVICES.

I ALSO UNDERSTAND THAT SHOULD MY INSURANCE COMPANY NOT HONOR A CLAIM WITHIN 30 DAYS; it becomes my responsibility to pay Coastal Family Dental, PA.

Printed Name _____ Relationship to Patient _____

SIGNED _____ Date _____