

# ***CREWS & NIBERT FAMILY DENTISTRY***

## **FINANCIAL POLICY**

Thank you for choosing *Crews & Nibert Family Dentistry* for all your dental needs. Our primary mission is to deliver the best and most comprehensive dental care available. The following is a statement of our Financial Policy which we request you to read and sign prior to any treatment.

**PAYMENT** Payment in full is due at the time services are rendered unless prior financial arrangements are made. We offer several payment options including: **Cash, Checks, Visa, MasterCard, Discover, American Express and CareCredit.** For services over \$500.00 we require a down payment equal to half of the cost at the initial treatment appointment. ***Payments on the remaining balance can be made over 3 months (90 days).*** It is the policy of this office to charge 3% monthly fee to all accounts with no payment after 90 days. We will charge a fee of \$25.00 for each returned check plus any bank fees that apply.

**Please initial \_\_\_\_\_**

**INSURANCE** Our office is committed to helping our patients maximize their benefits. As you may be aware, dental insurance is becoming increasingly complex. We are always available to answer your questions however, your insurance policy is a contract between you and your insurance company and as a dental service provider, we are not party to that agreement. The patient portion of your bill must be paid at the time of service. We ask that our patients provide us with complete dental insurance information. As a service to you, we will bill your insurance company for services and will allow 45 days to render payment in full. After 60 days, you are responsible for the entire balance which is due in full upon request. Insurance policies vary considerably; therefore we try to estimate your coverage in good faith, but cannot guarantee coverage or payment amounts by your insurance company. This is an estimate only.

**Please initial \_\_\_\_\_**

**Collection Fee** We try our best to minimize the use of outside sources to aid in the collection of fees incurred in our office, on some occasions it is necessary for us to utilize such a company. Any account that is over 90 days past due may be scheduled for collection. In addition, all expenses relating to such collection will be charged to the person with financial responsibility for the patient's account. Any account that is ultimately written off will have a \$50.00 re-instatement fee applied at the time a future appointment is needed. This fee plus the balance must be paid in full prior to future appointments with this office.

**Please initial \_\_\_\_\_**

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy.

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**Signature of Patient or Responsible Party**

**Date**

Visit our website @ [www.crewsandnibertdentistry.com](http://www.crewsandnibertdentistry.com)

OR Find us on **Facebook**

5555 U.S. Route 60 East \* Huntington, WV 25705 \* 304.736.7700 \* 304.736.6193

677 Central Avenue \* Barboursville, WV 25504 \* 304.733.2300

***Office Hours by Appointment***