

# FINANCIAL POLICY

Dr. Jerry L. Clore  
Clore Family Dentistry  
334 68th St SW  
Grand Rapids, MI 49548  
616-281-1331

Thank you for choosing our office as your dental provider. We are committed to providing you with the best treatment possible at a very reasonable cost.

Our fees are based on the quality materials we use and the time, effort and skill required in performing your needed treatment. We charge what is the usual and customary for our area. We will be happy to assist you with your benefit eligibility before treatment to help you calculate your costs and maximize your insurance. We will be sensitive to your financial circumstances and do everything possible to help you achieve the best oral health. Ultimately, you are responsible for payment regardless of any insurance companies' arbitrary determination of usual and customary rates.

**Insurance:** Our professional relationship is with you, and not with any insurance carrier. It is your responsibility to know your benefits and to contact your insurance company to determine if our office participates with your insurance. You are responsible for paying the full cost of treatment when it is rendered unless it is covered by insurance. We participate with most major insurance companies and we will submit all authorized claims to the designated insurance carrier, provided we have received all required insurance information. We would be happy to assist you with this if needed.

**Billing:** It is your responsibility to make required payments at the time of your appointment. (We accept cash, personal check, Visa, MasterCard and Discover). We will charge a \$40.00 fee for any returned check. Please note that the quoted co-pay/co-insurance amounts provided by your insurance carrier are estimates only, and do not guarantee payment by your insurance carrier. Some services or treatments might not be covered benefits under your insurance. You are responsible for payment of any services or treatments not covered by your insurance carrier. Please contact your insurance company to obtain dental benefits for the specifics to your insurance plan.

**Missed Appointments:** You will not be billed for missed appointments if you give us at least 24 hours' notice of cancellation, so that we can schedule another patient. However, if you cancel with less than 24 hours' notice or miss your appointment it may result in the inability to schedule future dental appointments and a missed appointment fee of \$50.00. We appreciate your consideration as we try to meet the needs of all our patients. .

**Past Due Accounts;** Accounts not paid within 30 days are considered past due. We realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Most often financial misunderstandings can be managed with a phone call. Please feel free to contact our staff at any time to discuss any concerns you may have. You are responsible for payment of any costs we incur in collecting past due accounts (such as collection agency fees and attorney fees).

- Accounts that are 60 days and older will be subject to a monthly \$5.00 finance charge until the balance is paid in full.
- Failure to pay may result in your account being sent to collections in which there will be a 35% collection fee added to your account
- Failure to pay may result in your account being sent to Small Claims Account in which there may be an administrative fee of up to \$50.00

I understand and agree to the terms of this Financial Policy. I authorize Dr. Jerry Clore Family Dentistry to bill my insurer(s) for all services rendered and I authorize my insurer(s) to make payment directly to Dr. Jerry L. Clore.

X _____	X _____	X _____
Patient Name (print)	Signature of Responsible party (must be over 18)	Date
X _____	X _____	X _____
Patient (18 or older) Social Security Number	Email address	Phone Number