At Upcountry Dental, it is our goal to provide upfront pricing and billing. If you have insurance, we want to help you understand and get the most out of your benefits. We accept cash, checks, major credit cards and also offer third-party financing and payment plans through Care Credit.

**Patients without insurance (cash patients):**

Payment is due for services on the day the services are provided. For multi-visit treatments involving lab cases such as crowns, bridges, partials, and dentures, payment is due at the time treatment is started.

**If You Have Insurance, Please Be Aware:**

As a courtesy to our patients, we provide insurance coverage estimates and offer to file your insurance claims for you. Any expected co-pays and deductibles are due at time of service. Claims will be filed immediately, and are expected to be paid with 30-45 days. Any balances not paid within 60 days will automatically become “self-pay” and a statement will be issued to you for the unpaid portion.

Dental insurance is a contract between you and/or your employer and your insurance company. We are not a party to that contract. All insurance estimates are strictly estimates based on the coverage information your insurance company provides us.

Not all services are covered benefits in all contracts. Many dental insurances only cover certain procedures and rarely offer 100% coverage. Your treatment plan is not based on your insurance benefits or lack of benefits, and appropriate treatment cannot be dictated by the insurance company.

It is your responsibility to thoroughly understand the coverage and exceptions of your particular policy. Coverage issues can only be addressed by you or your employer or group plan administrator. We cannot act as a mediator with the carrier or your employer.

If you wish to file your insurance on your own, you may pay for services upfront and file a claim to be reimbursed directly by your insurance company. We can help provide the appropriate insurance claim form.

**Missed Appointments:**

If you cannot make an appointment, we ask that you give 48 hours notice. However, we understand that this is not always possible and will be understanding of special circumstances. Late cancellations and missed appointments are subject to a $35 missed appointment fee for each half-hour of treatment blocked.

**Please initial that you have reviewed :**

\_\_\_\_\_\_\_I understand and accept the financial and insurance policies listed above and have had any and all questions answered to my satisfaction.

\_\_\_\_\_\_\_I agree to pay for all treatment in a timely fashion as described.

\_\_\_\_\_\_\_I hereby authorize my insurance benefits to be paid directly to Upcountry Dental. I realize that I am responsible to pay for any deductible amount(s), my co-insurance portion and for any non-covered services the day of service. I understand that I am financially responsible for any and all charges of dental treatment and incurred fees, whether or not paid by said insurance. I agree to pay such charges in full.

\_\_\_\_\_\_I hereby authorize the release of pertinent medical/dental information to the insurance carrier(s) . This order will remain in effect until revoked by me in writing. A photocopy of this assignment is available by request.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_