



Financial Policy

Thank you for choosing North Canyon Dentistry (NCD) as your dental care provider. Our purpose is to provide the finest dental care in a relaxed and caring environment. NCD's financial policy is documented to ensure transparency in the areas of finance, payments and insurance. It is important that our communication is simple and straight forward as we partner together with our patients. Anyone within our leadership team will be happy to answer any questions you may have.

Please Initial Each Item Below

1. Payment Methods: We accept Cash, Checks, Visa, MasterCard, Discover and Care Credit. There will be a charge of \$50 for returned checks to cover bank charges and special handling.
2. Required Documents: Items we require include updated copies of your health history, insurance card, and a photo for Security purposes. Some insurance carriers require your social security number for insurance billing and processing.
3. Patient Payment: Co-pay, deductibles and coinsurance are all due and payable at the time of your appointment and/or Procedure. All payments are estimated based on the information we have received from your insurance carrier. Any unpaid balances will be the responsibility of the patient and will be due immediately upon billing from NCD. NCD is bound to the final decisions made by your in-network insurance company.
4. Claim Submission & Assignment of Benefits: NCD agrees to file insurance claims on behalf of the patient for up to two insurance carriers. The patient agrees to release those funds in full to NCD. NCD will assist in filing appeals, however, your coverage is a contract between insured and the insurance company.
5. NCD fee schedule: NCD goes to great lengths to insure the fees charged in the office are both reasonable and follow all applicable guidelines. We are unable to negotiate reduced fees (co pays, deductibles, etc) with your insurance carrier.
6. Contact Information: It is the patient's responsibility to notify NCD of any changes to insurance coverage, Insurance card, Residence, mailing address, email, phone number and email address. We use a confirmation and contact software allowing for great communication if we have the proper contact information.
7. Timely Payment of Outstanding Funds: NCD will receive and EOB (explanation of Benefits) from the patient's Insurance payor, which notifies NCD of the final payment decision and outstanding balances due from the patient. Insurance companies are legally allowed 30 days for processing a claim and returning payment. Should payment be left unpaid at 60 days, the outstanding funds will be deemed patient responsibility. Patient will be notified via statement and patient agrees to pay those funds in full upon receipt.
8. Collection Activity: NCD is willing to discuss payment arrangements. If the final payment is not made within 60 days of statement date, delinquent accounts are released to U.S. Collections West, Inc. at which time additional fees will be added to the outstanding balance. This includes a contract fee of 50% of the final bill and up to 20% APR billed monthly, along the any legal fees.
9. No-show fee: We do require 48-hour cancellation notice and we reserve the right to assess a \$50 per hour fee for all missed appointments. Should missed appointments become habitual, NCD reserves the right to discontinue the provider/patient relationship.
10. Privacy Practices: I have had the opportunity to review the privacy practices of North Canyon Dentistry.

Acknowledgements: I have read and understand the above NCD Financial Policy. I have been given the opportunity to ask any questions and have agreed and initialed above. I further understand that refusal to sign or comply with the above policies will result in being released from the practice (using guidelines as applicable by law).

Print Patient Name

Patient or Responsible Party Signature

Date