168 North Meramec Ste. 102

Clayton, MO 63105

(314)727-4900

Office Financial and Insurance Policy

I understand insurance information presented by the patient must be accurate and up to date. Incorrect insurance information may result in the delay of reimbursements and may result in paying full fees for services rendered.

I understand Clayton Dental is not contracted with any insurance companies and that it is considered out of network. I understand that Clayton Dental DOES accept ALL insurances if the carrier provides out-of-network benefits. As a courtesy, Clayton Dental will submit all claims to insurance on the patient's behalf. I understand payment is due at the time service is rendered. I understand that some insurance companies send their out-of-network reimbursements directly to the patients. Patients with these insurances will be required to pay in full at time of service. Clayton Dental accepts all major credit cards, cash and checks. Clayton Dental offers a 5% discount on all cash and check payments on the day of service. Clayton Dental does NOT offer payment plans, but will accept, upon approval, CareCredit in lieu of this.

I understand that Clayton Dental does its best with the information provided to estimate insurance coverage. However, I do understand that it is only an ESTIMATE, and the exact amount will be determined by the insurance company when the claim is processed. Clayton Dental can and will, at the patient's request, create a treatment plan and submit a pre-authorization to the patient's carrier on their behalf, for more accurate coverage estimates and out of pocket cost.

I understand that the patient is responsible for checking all correspondence sent from the insurance company. Due to the current protocols of insurance companies, they may send pre-authorizations for treatment and payments directly to the patient.

For treatment requiring lab work, I understand a minimum of half of the cost is required at the initial treatment appointment, and the remaining balance will be due at the delivery appointment.

I understand appointment cancellations must be done at least 24 hours in advance. If a cancellation is made in less than 24 hours, Clayton Dental will charge $95 per hour up to the full amount of the scheduled visit.

I understand accounts not paid after 90 days will incur a $1.50 finance charge every month the account is left unpaid, and accounts not paid in 180 days will be sent to collections. I understand the patient will be responsible for all additional charges if the account is sent to collections.

Authorization & Release:

I authorize Clayton Dental to perform the necessary dental services for my diagnosis, treatment and to receive payments from my insurance company, if applicable. Clayton Dental may file the necessary form to receive full benefits of coverage. However, this office cannot guarantee any estimated coverage. My insurance is an agreement between my insurance company and myself. I am responsible for all charges.

I have read and fully understand my financial responsibilities under this policy.

SIGNATURE_____DATE_____