

Payment Policy

SELF-PAY PATIENT (no insurance coverage) Payment is expected at the time of service. We accept cash, money order, certified funds, MasterCard, Visa, (credit or debit), Discover, and CareCredit

INSURANCE ASSISTED PATIENT

- We will provide you with dental services up to \$300.00 without preauthorization from your insurance provider. Typically this \$300.00 will cover emergency services and the diagnostic x-rays and initial examination required for treatment review (preauthorization) by your insurance provider.
- Preauthorization response from your insurance provider typically takes 4-6 weeks.
- If you choose to proceed with treatment prior to an approval from your insurance provider, you will be responsible for the full fee at the time of service.
- If you choose to wait until a preauthorization has been received from your insurance provider, you will be responsible at the time of service only for the portion stated in the preauthorization as “patient’s responsibility”.
- Please understand that a preauthorization is only an *estimate* and not a guarantee from your insurance company.
- We will provide the insurance company with all requested information.
- If you need assistance with the payment of your portion, you may apply for a no interest loan through CareCredit. The application can be submitted online or here in our office.

Please remember that regardless the response from your insurance provider, you are ultimately responsible for all fees incurred during your dental procedures.

PATIENT ACKNOWLEDGEMENT

I (printed name) _____ have read the payment policies of Star Dental Systems, Inc. I understand that I am responsible for payment of all services. If dental insurance is a part of my payment plan, I will be prepared at each appointment to pay the estimated patient portion. Any remaining balance after the final insurance claim is paid is my responsibility.

Signed

Date