



CORNERSTONE DENTAL

FINANCIAL POLICY

Cornerstone Dental is dedicated to providing patients with the best possible care and service. It is important to us that you have a clear understanding of the financial policy of the practice. If you have any questions, please discuss them with our Practice Coordinator.

PERSONAL PAYMENT OPTIONS

Patients who are not covered by an insurance plan are responsible for their charges at the time of service unless prior financial arrangements have been made. We accept MasterCard, Visa, Discover, American Express, check, or cash. Financing is also available through Care Credit.

INSURANCE/THIRD PARTY PAYORS

As a courtesy to our patients, we will bill your insurance company for the charges you incur. We will bill up to two insurance companies on your behalf. We will estimate your co-pay, which is due at the time of service. Please understand that any expected payment from your insurance is an estimate only and you are responsible for any portion not covered by your policy. Once the insurance is received, you will be billed for any unpaid portion that your carrier determines as "due from patient". In the event that your insurance plan determines a service to be a "non-covered" service or product, you will be responsible for the complete charge. In the event that your insurance company reimburses you directly we expect payment in full at the time of service. If your insurance benefit has reached its yearly maximum you are responsible for any charges at the time of service.

We go to great lengths to try to determine your insurance coverage and the amount of coverage your insurance company provides. Please note that we are a provider for hundreds of insurance plans and therefore, it is impossible for us to obtain exact coverage from all of them. Ultimately, it is your responsibility to determine all matters relating to your insurance, including eligible providers and your coverage benefits and amounts. You ultimately agree to accept responsibility for all charges you incur.

MINOR PATIENTS

A parent or legal guardian should be present for all patients under the age of 18 to approve any alterations to treatment that may be required. For all services rendered to minor patients, the adult accompanying the minor patient is responsible for payment.

ADDITIONAL INFORMATION

There will be an additional charge of \$50.00 for all invalid or returned checks. Any account over 90 days for which a payment plan has not been arranged or for which payment plan payments are late or outstanding may be turned over to collections. In the event an account must be turned over to a collection agency, the patient is responsible for any fees incurred in the collection process and will be immediately dismissed from the practice.

*Any charges or credits below \$5.00 will be left on the account until the next visit. No bills or checks will be sent.

* Any patient who cancels or fails to show for an appointment with less than 24 hour notice is subject to a maximum \$100.00 missed appointment fee.

*Any patient not seen within 13 months of their last appointment will be considered inactive. Any patient wishing to reestablish will be subject to a new patient exam fee.

I have read and understand the financial policy of Cornerstone Dental and hereby agree to its terms.

Signature _____ Date _____

Print Patient Name _____ Patient DOB _____

304.267.6059 smiles@wvdental.com
2001 Professional Court, Martinsburg WV 25401

WVDental.com