

Financial Philosophy

1630 NW Broad St. Ste. 101, Murfreesboro, TN 37129 • 615.896.0608 • stonesriverdental.com

Stones River Dental bills your dental benefit company based on services you receive on the day of your visit. Our office contracts with <u>MOST</u> major dental plans. However, due to continuous changes and additions to dental plans it is your responsibility to determine if we are in-network with your <u>SPECIFIC</u> plan. We ask you to read and sign this form to acknowledge your understanding of our patient financial policies.

- You should provide Stones River Dental with your most recent and updated dental benefits card and a valid driver license.
- You are responsible for the payment of co-pays, required by your dental plan. Payments are due at the time of service.
- In addition you may be responsible for deductibles, and all other procedures or treatments not covered by your plan after it has been billed to your dental benefit company. (i.e. If you have not met your deductible)
- You are responsible for determining if Stones River Dental is in-network with your SPECIFIC dental plan.
- You are responsible for understanding what services your specific dental plan covers.
- As a courtesy, when the treatment is performed, Stones River Dental will file your claim for payment. However, you understand and agree that if your dental benefit company fails to pay within 30 days, or if they pay less than expected, you become immediately responsible for the balance remaining and will pay such balance upon receipt of statement.

*Eligibility is not a guarantee of coverage as actual benefit payments are determined only when a claim is adjudicated.

I have read and acknowledged all Stones River Dental billing and insurance policies.

Signature of Patient:

Date:

Signature of Parent (If Patient is a Minor):

Date: