

Generations In Dentistry

13331 Illinois Street | Carmel IN, 46032 | (317) 573-4000

Financial Policy

Thank you for choosing Generations in Dentistry. Our primary mission is to deliver the best and most comprehensive dental care available.

Payments

We accept payments by the following - Cash, Check, Visa, MasterCard, American Express, Discover, or No Interest Payment Plans and Extended Payment Plans with *Care Credit Financing*

Generations In Dentistry requires full payment at the time of service. This includes insurance co-payments and deductibles. Please understand that all insurance payments are an estimate only, your actual payment may be more or less than quoted to you. *The patient is responsible for, and should be prepared to pay for all amounts not paid by your insurance at the time of each visit. Interest may be charged on all accounts which are over 90 days or more past due at a rate of 18% APR.*

Parents, guardians or personal representatives are responsible for all fees and services rendered for treatment of a minor/child. I accept full financial responsibility for all charges for services provided. I understand that filing a claim with my insurance company does not relieve me from my responsibility for the payment of all charges. If the fees pursuant to this agreement are not paid, I understand that the patient and responsible party(ies) shall be responsible to pay Generations In Dentistry all costs of collection, including but not limited to reasonable attorney's fees and contingent fees up to fifty percent (50%) of amount collected which may be charged by an attorney. In the case of minor children, we do not get involved in the financial arrangements related to divorce settlements. The parent presenting the child will be held responsible for all charges.

Insurance

We will be glad to file your insurance claim for you, or provide you with the claim information, which you may file with your insurance carrier or union office, so that you can be reimbursed by your insurance company or have your insurance payment sent directly to our office. Your insurance company or union has an obligation to you, none to the doctor. You are financially responsible to us for all services rendered.

Appointments

Our office politely requests that all patients unable to meet their reserved appointment(s) give us, *at minimum, a 24-hour advance notice*. With this prior notice, we can reschedule your appointment and let another patient have the appointment time originally reserved for you. Failure to inform us 24 hours in advance of a schedule change *may* result in a \$50.00 charge to your account.