

Financial Policy

Our office has always been happy to work with patients covered by dental insurance. We think insurance is a great incentive to maintain a vital level of dental health. However, it's a very rare dental plan that covers 100% of any dentist's fees.

The fees we charge for dental services are the same for every patient, insured or not. A given insurance policy, however, is based on a fixed fee schedule – “usual and customary” – that may have nothing to do with the real cost of providing treatment. Dentistry changes very quickly but insurance fee schedules do not.

As a service to patients who are covered by dental insurance, we will assist in any way we can to help you maximize your benefits. However, all charges are your responsibility from the date the services are rendered. A 1.5% monthly interest rate will be charged to all accounts past 60 days of the date services were rendered.

I hereby assign all dental benefits to which I am entitled, including private insurance and any other dental or health plans to:

Dr. John Heard
1335 E. Independence
Springfield, MO 65804

This assignment will remain in effect until revoked by me in writing. A photocopy is to be considered as valid as any original. I understand that I am financially responsible for all charges whether paid by insurance or not. If charges are not paid and no other arrangements are made for payment and it is necessary to send the account to a collection agency or attorney, I promise to be responsible for all costs of collection and reasonable attorney fees. I further agree to pay all fees charged by this office related to non-sufficient funds checks, as well as the original amount of the check. I understand that any and all information may be released to secure payment and/or at the request of any other party at my request or authorization.

Patient Name: _____

Patient or Guardian Signature: _____

Date: _____