

Payment Information

Thank you for choosing us as your healthcare provider. The practice of Dr. Nina Svino accepts; cash, personal checks, MasterCard, and Visa.

Payment for services is expected on the day that services are provided unless other arrangements have been made.

Insurance

Dr. Nina Svino is a provider with **Metlife, Delta Dental (WDS), Premera and Regence**. As a courtesy to our patients we will file dental claims on your behalf. We do require the patient's portion to be paid in full at the time of service. The balance is your responsibility whether your insurance company pays or not.

If your insurance carrier is not one of the insurance companies listed above, your claim will be handled differently. As a courtesy, we will provide all the information your insurance company requires and help send in the proper billing paperwork on your behalf. Your insurance company should then reimburse you directly. We do require your bill to be paid in full at time of service.

We cannot bill your insurance company unless you provide correct insurance information with an insurance billing address and telephone number. Your insurance is a contract between you and your insurance company. We are not a party to that contract. If for any reason your insurance company denies any charges, the responsibility for payment or resubmission returns to you.

Payment Plans

If you wish to be billed for your healthcare services, our staff will be happy to help establish a convenient payment plan through The Dental Fee Plan or through an in-office payment plan.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for this area, you are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

The adult accompanying a minor and/or the parents (or guardian of the minor) are responsible for full payment. For the unaccompanied minors, non-emergency treatment will be denied unless treatment and payment have been pre-approved.

Missed Appointments

We require 24-hours advance notice for changing or canceling appointments. We will charge for the missed appointment at a rate of a normal visit (\$75) if an appointment is not kept without notice. Please help us serve you better by keeping scheduled appointments. Thank you for understanding our financial policy.

Please let us know if you have questions or concerns. I have read The Financial Policy. I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party

Date