



Financial Policy

Our office is committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees or your financial responsibility. Patients must complete all information forms prior to seeing the dentist. A copy of your insurance card(s) will be retained for your file. If your insurance changes, it is your responsibility to notify our dental office of that change.

Payments

Co-Payments: By law, we must collect your carrier-designated co-payment at the time of service. Please be prepared to pay that co-payment at each visit.

Non Co-Payment Plans: If your plan does not require a co-payment and we participate in your plan, we will accept the designated fee. You are responsible for any deductible and balance you plan indicates on their explanation of bebenefits.

Self-Pay: Payment is expected at the time of service.

Account Balances: You are responsible for timely payment of your account. Our offices reserve the right to reschedule or deny a future appointment on any delinquent accounts.

Return Check Policy and Fee

We accept local and out of state checks. Any check that is not cleared through the bank and is returned to our office because of an insufficient balance will be returned to the patient and the patient will be charged \$15.00.

Dental Insurance

As a courtesy to our patients, we will file your dental claims and accept assignment of benefits from participating insurance providers. In order for us to be able to provide this service, please provide us with accurate dental insurance information. There are many different types of insurance policies available. Your employer has arranged this contract between you, your employer and the insurance company. We are not a party to this contract. **Ultimately, any balance remaining for services is your responsibility.** Our staff will assist you in obtaining your maximum benefits under the guidelines of your policy.

“Usual and Customary” is a term developed by the insurance carrier industry to reflect “average charges” from specific dentists in designated geographic localities. The usual and customary amount noted on the explanation of benefits does not accurately reflect individual charges. Therefore, the usual and customary charges DO NOT override our fees. **THANK YOU** for taking the time to review our policy. Please feel free to ask any questions or share specific concerns.

Patient Signature _____ Date _____

If patient is a minor, please state your relationship _____

WE ACCEPT CASH, CHECKS, MASTERCARD, VISA, CARE CREDIT