



STEVE ANDERSON, DDS

Excellence in Family & Cosmetic Dentistry

FINANCIAL POLICY

Thank you for selecting our office for your dental care needs. Our office is doing everything to keep the cost of dental care at a minimum and reasonable level. The following is a summary of our office financial policy, please read and sign at the bottom.

Dental services rendered are due and payable at the time of service, unless other financial arrangements have been made in advance. This includes deductibles and services not covered by your dental insurance carrier. We accept payment in the form of cash, personal check, Visa and Mastercard. Payment made in **full** for treatment in the form of cash and check is eligible for a 5% courtesy adjustment. Convenient interest free and extended payment plans are available through Care Credit and Citicard. When you require additional financial arrangements, please let us know and we will be happy to support you with the application process.

Please select the appropriate method of payment to meet your dental financial needs.

- Cash or Personal Check
- Credit Card
- Care Credit
- Citi Card

INSURANCE

Your dental insurance is an agreement between you and your insurance carrier; therefore, our office **cannot** make a guarantee of any estimated coverage or payment. As a courtesy we are happy to process your insurance forms and submit them to your insurance carrier. Regardless of insurance assistance, you are responsible for all fees related to services rendered.

FINANCE CHARGES

A finance charge is incurred for balances not paid within 60 days of service. The finance charge is computed at the rate of fifteen percent (15 %) per month.

RETURNED CHECKS

There is a fee of \$25.00 for all returned checks by the bank.

I have reviewed and agree to the policies established and stated above.

Patient Name and Date

Responsible Party Signature and Date