Our Office and Financial Policies

Thank you for choosing us as your dental health provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. If you have any questions, please feel free to ask any staff member for more information.

APPOINTMENTS
Your appointments are scheduled to respect your time. We reserve a significant amount of time and reserve a specific room for your care, and make every effort to see you at the appointed time. We appreciate your promptness and consideration in not changing your reserved time. However, if you must change an appointment, a ***48-hour notice*** is expected. A fee may be applied for appointments missed without notice. Arrangements must be made in advance if a minor child (under age 18) is to be seen without an adult present.

INSURANCE
As a courtesy to you, we accept assignment of insurance benefits from most insurance companies. However, ***we do require you to pay your deductible and/or "estimated patient portion" at the time of service***. The balance is your responsibility whether your insurance pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Patients who carry dental insurance should remember that all dental services performed are charged directly to the patient and not the insurance company. If you have dental insurance, you must provide us with your dental insurance card and a claim form if needed. We must be able to verify coverage before we can accept assignment of benefits. Please note that dental insurance plans are different from your medical insurance. Each plan has different yearly deductibles and benefits. Most insurance plans will pay, at most, 80% of Basic procedures and 50% of Major procedures. When possible, we will submit a dental pre-estimate to your insurance company for review. This will allow you to know the exact amount that the insurance company will pay. However, this office cannot render services on the assumption that our charges will be paid by an insurance company.

I understand that I am responsible for reading and understanding my dental insurance benefits. _____
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USUAL AND CUSTOMARY RATES
Please be aware that some of our services may be "non-covered", subject to an insurance company's arbitrary determination of usual and customary rates, or have time limitations imposed by the insurance company. Our fees reflect what is usual and customary for our area, as well as the quality of treatment that you receive. ***You are responsible for any balance left unpaid by your insurance company***. The adult accompanying a minor is responsible for full payment.

PAYMENT OPTIONS AND ACCOUNT INFORMATION
If a balance is over 30 days, a billing fee will be added at the rate of 1.5% per month of the total balance. In the event we receive a returned check for insufficient funds or a closed account, there will be a $25.00 fee charged to your account. Collection fees of 35% of the account balance will be added to any balance turned over for collection purposes.
PAYMENT IN FULL IS DUE AT THE TIME OF SERVICE

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, and DISCOVER

WE ALSO OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL (CareCredit)
If you wish to utilize this option, please ask at the front desk for an application.

Thank you for understanding our guidelines. Please let us know if you have any questions or concerns.
I have read, understand, and agree to the above office and financial policies.

X _____ _____
Signature of patient or responsible party Date