



Financial Policy

To our valued patient:

We are honored that you have chosen us as your dental healthcare provider. We are committed to providing you with the best quality care, and we want to make every aspect of your visit as comfortable as possible. We therefore want to make sure that there are no surprises for you when it comes to the financial aspect of your dental health. Please review the following financial policy of our office. If you have any questions, please ask us PRIOR to beginning your dental treatment.

- The full fee of your dental treatment is due the day of services are rendered, unless prior arrangements are made with a member of our staff. We accept the following payment methods:
 - Mastercard, Visa, American Express, Discover Card, Cash or Check
 - NO INTEREST¹ Payment Plans² from CareCredit, our financial partner

¹If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

²Subject to credit approval

- For patients with insurance, as a courtesy, we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement of services. We can not guarantee payments from insurance companies. Responsible person(s) will be expected to pay any amounts not covered by insurance. Any balances quoted are only estimates of insurance coverage and amounts due from patients. The balances are subject to change as insurance payments are received. However, this office cannot render services on the assumption that our charges will be paid by an insurance company. Therefore, if we do not receive payment from your insurance carrier within 60 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

Note: Your insurance is a contract between you, your employer and the insurance carrier. We are NOT a party in that contract. If you have a problem with your insurance coverage we ask that you speak directly to your insurance company. Your charges in the office are YOUR responsibility from the date the services are rendered. We do not base your diagnosed treatment on your insurance coverage; instead basing it on your clinical needs and desires.

- Fees quoted to you are estimated. There occasionally may be a clinical condition warranting a different treatment and/or fee. Once this is determined, the change will be discussed with you prior to continuing treatment. Quoted fees can only be extended for a period of six months from the date your treatment plan is given to you.
- A \$30.00 NSF fee will be charged for all returned checks.
- In the unfortunate event that a payment is not received within a reasonable period of time, our attorney will be advised and formal action to collect will be initiated. You will be responsible for any attorney's fees and/or collection charges that may be incurred.
- As a courtesy, we may contact you by telephone, mail, e-mail or text to remind you of your appointment time. Broken appointments and appointments cancelled less than 24 hours in advance will be subject to a broken appointment or last minute cancellation fee of \$50.00. If you cannot keep an appointment, please understand that you must call by NOON the day before your appointment to cancel it. Otherwise, we must regrettably charge your account.

Thank you for reviewing our financial policy. We will make every effort to explain your costs to you and avoid any misunderstandings so we can focus on your dental health and making your visit with us as comfortable as possible. We may contact you by telephone, mail or internet to discuss financial matters. If you have any further questions, please feel free to ask.

I have read, understand and agree to abide by this policy. A copy of this document may be obtained upon request.

Please PRINT Name: _____

Signature: _____ Date: _____