



Our Financial Policy

Our Philosophy

Our goal of discussing financial arrangements with you is straightforward:

To create an understanding and partnership in the settlement of your account.

It is important to us that the quality of our business services matches the quality of our dentistry. We want the handling of your account, from the start through final payments to be perceived as an extension of the dental care we provide you and your family.

Patient Role

As with any partnership, both parties have a role to play. Our role is to provide you with quality service. In turn, your role is to pay for your treatment in a timely manner. Our staff will work with you to determine financial arrangements that make sense for both of us. With an agreement made, our joint follow-through will result in a win for everyone.

In developing a financial arrangement it is important to remember your dental future. Our experience has shown that when an account lingers, patients are likely to defer their appointments. It is discouraging to add new charges to an account when trying to pay off old charges. With this in mind we will concentrate our efforts on clearing your accounts in as short a time as comfortable for both of us.

All patients must complete our Information and Insurance Form before seeing the doctor.

FULL PAYMENT IS DUE AT TIME OF SERVICE

WE ACCEPT CASH, CHECKS, MASTER CARD, VISA, & DISCOV

WE ALSO OFFER EXTENDED PAYMENT PLANS WITH CREDIT APPROVAL

Regarding Insurance

We may accept assignment of benefits, however the balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us your complete insurance information. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. If your insurance company has not paid on your claim within 45 days, the full balance will automatically be transferred to you. That balance will be due upon billing. As part of the financial arrangement process, we will estimate what your insurance company will pay.

I, the undersigned, hereby agree that in the event of default in the payment of any amount due and if this account is placed with a collection agency, for collection or any subsequent legal action, to pay an additional collection fee of 30% of the account balance due, as well as any attorney fees and court costs incurred and permitted by laws governing these transactions. In addition, a \$35.00 re-bill fee will be assessed to your account if multiple billing cycles occur.

Thank you for understanding our financial alliance. Please let us know if you have any questions or concerns.

Signature _____ **Date** _____