



406 Sunrise Avenue, Suite 240
Roseville, CA 95661 916.783.5144

FINANCIAL POLICY

DENTAL INSURANCE:

We are happy to file the forms necessary to see that you receive the full benefits of your coverage; however we can make no guarantee of any estimated coverage. Because the insurance policy is an agreement between you and your insurance company, patients are directly responsible for all charges not covered by their insurance. Please know that we will do everything possible to see that you receive the full benefits of your policy.

PAYMENT OPTIONS:

Payment is expected at the time of your appointment.

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| Cash or Check | For those patients without dental insurance, we are happy to offer a 10% pre-payment courtesy discount for fees paid in full on the day of your appointment. |
| Credit Cards | For your convenience we have made arrangements to accept payment by ATM Debit Cards, VISA, MasterCard, American Express, or Discover. |
| Financing | Our office has contracted a variety of companies to assist our patients in financing their dental care. Please contact our office for information. |

CANCELLED OR FAILED APPOINTMENTS:

When scheduling an appointment with our office, we will do our best to find a time that best suits your busy schedule. Your appointment time is reserved exclusively for you and we require at least 48 hours advanced notice for rescheduling your appointment. Our current 'Missed Appointment Fee' is a minimum of \$50 or 10% of the scheduled treatment.

I understand that I am responsible for all charges incurred, and that my estimated co-payment or payment in full is due at the time of service. I agree to pay any collection fees or attorney expenses should it be necessary to refer my account to collections and I understand that any unpaid accounts will be reported to credit bureaus.

Date

Patient or Responsible Party

Business Asst. Initials

Patient Name (Printed)