

## **FINANCIAL POLICY**

1. Payment is due at the time of service. An estimate of your total fee will be outlined in detail when you meet with the office manager.
2. On treatment involving laboratory fees (crowns, bridges, denture and night guards), you may choose to pay 50% on the preparation date and the balance on the delivery date.
3. Patients with dental insurance: As a courtesy, our office will file your insurance if you provide us with the proper information. You are expected to pay your deductible and any out-of-pocket portions at the time services are rendered. We will accept benefits for the remaining balance. In the event that your insurance overpays, we will refund you. If your insurance company pays less than expected you are responsible for the remaining balance within 30 days.
4. In the case of non-payment you will be responsible for any collection fees and/or attorney fees.

### **Payment Options**

For your convenience, we accept cash, personal checks, VISA, MasterCard and Discover credit cards. We can also assist you with 3, 6, or 12 month no interest financing through Care Credit.

I have read and agree to the above Financial Policy.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature