

OUR FINANCIAL POLICY

Thank you for choosing us as your health provider! We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy that we require you read and sign prior to any treatment. All patients must complete our patient and medical information form before seeing the doctor.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE. We accept cash, major credit cards, and debit cards. We also have a payment plan called CareCredit that allows you to start treatment today and spread payments over time.

Regarding Insurance (PPO's)

We accept assignment of benefits, however, we do require all co-payments to be paid at the time of service. The balance is your responsibility whether your insurance pays or not. We cannot bill your insurance company unless you give us your 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 your account in full within 45 days, you will be required to pay the balance. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under certain dental insurances.

Regarding insurance plans where we are a participating provider, refer to the above paragraph.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult and Minor Patients

Adult patients are responsible for full payment at time of service. The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, no treatment shall be rendered without a consent form previously filled out.

Missed Appointments

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$50.00 per person or the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

Past Due Accounts

Please note that any account that goes past 30 days will be charged a re-billing fee of \$10.00 in addition to finance charges at the rate of 2.0% per month.

Please indicate below the form of payment you choose to settle your account:

- Cash
- Major Credit Card/Debit Card
- CareCredit. (Subject to credit approval; if credit application is declined, another form of payment listed above is required.)

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

I have read the Financial Policy. I understand and agree to the Financial Policy.

X_____ Date:_____