

FINANCIAL POLICY

Our philosophy is to make our patient's lives healthier and more comfortable by providing high quality, compassionate dental care.

In an effort to keep fees reasonable and to continue to provide quality care we have established a payment policy.

Our administrative team will be happy to bill your insurance carrier, however we do require payment of any uncovered services, deductibles or co-payments to be taken care of at each appointment.

1. All routine dental treatment will be paid in full at the time the treatment is rendered.
2. Cash, check, or charge cards are acceptable forms of payment.
3. We have a financial coordinator who will be happy to help you with your individual needs. For treatment plans you will be given an **ESTIMATE** of what your insurance company will pay and any co-payment will be handled according to the above financial policy. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. This means that in the event an insurance claim is denied in whole or in part, it is the responsibility of the patient to pay remaining balance. A 1.5% interest rate will be charged on all unpaid balances on a monthly basis until the balance is paid in full.
4. In the event of a missed appointment without **24 hours** notice, a \$50 broken appointment fee may be assessed.

DEPOSIT POLICY: For some procedures a deposit may be required to reserve the appointment time. In the event of a missed appointment without **24 hours** notice, a **NON-REFUNDABLE** penalty will be assessed at the rate of \$100 per hour. This will be deducted from the appointment deposit and **WILL NOT** be re-applied to that or any other treatment fee. The patient will then be responsible for the full fee at time of service.

I have read and understand the financial policy outlined above.

Signature of Patient or Guardian

Date