



WRITTEN FINANCIAL POLICY

Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

- Mastercard, American Express, Cash or Check, Visa
- We offer up to a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care.
 - 2% for pre-payment
 - 3% for cash or check payment
- NO INTEREST¹ Payment Plans² from CareCredit:
 - o Allow you to pay over time with NO INTEREST¹
 - o Convenient, low monthly payment plans² also available
 - o No annual fees or pre-payment penalties

Please note:

Fox Chapel Advanced Dental Care requires payment prior to the completion of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For plans requiring multiple appointments, alternative payment arrangements may be provided. For larger, more comprehensive treatment plans of \$1000 or more, we require FULL PAYMENT UP FRONT.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and we are happy to send in all the necessary paperwork to receive reimbursement for your treatment. We expect payment at the time services are rendered. If you have questions please ask the receptionist at the time of your appointment.

CANCELLATION and RESCHEDULING POLICY:

\$50 fee will be incurred and posted to your account if you cancel or reschedule an appointment with less than 48 hours notice.

Fox Chapel Advanced Dental Care charges \$35 for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

Patient, Parent or Guardian Signature: _____ **Date:** _____

Patient Name (Please Print): _____ **Date:** _____

If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required

²Subject to credit approval