

FINANCIAL POLICY

Thank you for choosing us as your dental care provider. Our office is committed to providing you with the best possible care. Please understand that payment of your bill is considered as part of your treatment. The following is a statement of our Financial Policy which we require you to read and sign prior to any treatment.

Regarding Payment

We accept the following forms of payment: Cash, Visa and Mastercard.

Payment for services is due at the time services are rendered unless prior arrangements have been made with the financial coordinator. We offer a 5% accounting courtesy for all treatment plans of \$2000.00 or greater that are paid in full prior to the first scheduled appointment of dental service. Our office also works with CareCredit to assist you with your payments. For qualified applicants, interest-free payment can be spread over a 3, 6 or 12 month period. Finance company approval must be obtained prior to starting your treatment.

If dentures, partial dentures, veneers, crown, bridge, six month smiles and Invisalign Orthodontics cases are to be fabricates by a dental laboratory, a 50% deposit will be required at the time of the first impression. Appointment time is reserved especially for you and 48-hour notice is required for any cancellation or rescheduled appointment to avoid a \$25.00 cancellation fee.

Regarding Insurance

Your dental insurance is a contract between you, your employer and the insurance company. We are not a party to that contract. In the event we do accept the assignment of benefits and your insurance company has not paid your account in full within 60 days, the balance may be transferred to your account. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients and we charge what is the usual and customary for our area. You are responsible for payment regardless of any insurance companies arbitrary determination of usual and customary rates.

Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be back dated. Most benefits will be verified before your insurance company can be billed. All insurance co-pays and deductibles must be paid at the time of service.

We would be happy to discuss our charges and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

Please let us know if you have any questions or concerns.

I have read, understand and agree to this Financial Policy. Thank you for your cooperation.

Patient/guardian Signature _____ Date _____

Patient's Name (printed) _____

Dentist Signature _____ Date _____