Financial Policy

If you have a change of address, telephone number, or insurance please notify us and we will update your information immediately.

As a courtesy, we will submit your claim to your insurance company on your behalf as long as you have updated us with your current information. **If your insurance claim remains outstanding beyond 90 days, you will be responsible for the balance.**

Your insurance requires us to collect your estimated balance, unsatisfied deductible and charges for non-covered services at the time of your visit. We estimate what your insurance coverage will be and require what is not covered to be paid on the date of service. Payment will also be required for any outstanding balances. Any payment made will be posted to the oldest balance. We accept cash, checks, credit/debit cards and Care Credit. We also offer in office payment plans for future treatment.

Parents of minors who will not be accompanying their children, need to either send a check with their child or provide a credit card number to keep on file for any co-payment due for that day of service.

Balances over 30 days will receive a 2% finance charge. If you do not make an attempt to pay your balance in a timely manner you may be referred to a collection agency. A $30 administrative fee will be added to accounts referred to collections.

If your check is returned for insufficient funds you will be charged a $30 handling fee. You will need to pay with credit card, cash or money order within 10 days of our notice. If the balance is not paid in full all future appointments will be cancelled.

Your insurance is a contract between you and your insurance company. It is your responsibility to know and understand your contractual obligations as an insured person under your specific contract. Patients to age 16 will receive fluoride treatments every six months unless a parent/guardian requests differently. If your insurance coverage differs from this you will be responsible for the payment.

By signing below I acknowledge that I have read and understand the Financial Policy.

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Patient/Parent/Guardian Signature Date