

Financial Policy

Stephen F. Paul D.D.S.

14377 Woodlake Drive, Suite 206, Chesterfield, MO 63017

Welcome to our practice. We are pleased that you have chosen us to serve your dental needs. Below is an outline of our financial policy for you to review and sign.

Payment for services are due on the date of service. For our patients who have dental insurance our office will bill your insurance as a courtesy to you. You will be responsible for your co-insurance on the date of service. Your insurance company makes the final determination of your eligibility, and portion of charges they will pay. You are responsible to pay any portions that are not covered by your insurance company. Your insurance is a benefit to help offset your out-of-pocket expenses. It does not release you from your financial obligation for services received.

Payment Options:

1. We accept Cash, Credit Cards, and Checks. A return check fee of \$20.00 will be charged for all returned checks.
2. On treatments such as Crowns, Bridges, Dentures, etc., you may pay half at the preparation and the balance at completion.
3. We offer all our patients the benefit of Care Credit. Care Credit allows patients payment methods to fit their budget. Our office offers 6 and 12 month deferred interest, or fixed payment /reduced APR promotional financing options. We will be supply you with a Care Credit brochure that outlines the plan in detail and if needed, assist you in completing the application.

A finance charge will be imposed for accounts that are not paid within 30 days. The charge will be computed at (1%) per month on an annual percentage rate of (12%). We will apply the (1%) to the 30 days overdue balance on your account, then subtract any payments or credits applied to the account during that time.

For any reason that your account becomes past due, we will make every effort to collect the debt. If we refer your account to an outside collection agency, you will be responsible for any costs in relation to the collection of said debt.

Appointment times are scheduled for our patients and we make every effort to be on time. Because these times are scheduled we ask that you notify our office 48 hours in advanced for any scheduling conflicts. This will allow our office to properly handle Dr. Paul's schedule accordingly. For any missed or canceled appointments without advanced notice, our office may charge your account a fee of \$50.00.

Print Name _____

Signature _____ Date _____