

Bonnie Burton, D.D.S.  
725 NW 67<sup>th</sup> Street  
Lawton, OK 73505  
580-536-2662

### **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, Check, Visa, MasterCard, Discover, American Express and Care Credit.

Payment for services is due at the time services are rendered. No payment plans will be made. If you require a payment plan please apply for Care Credit at [CareCredit.com](http://CareCredit.com) or call (800)365-8295.

The parent that accompanies the minor child/children to the appointment is responsible for any payment due. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized before the appointment date or previous arrangements have been made.

Checks that are returned to our office from your financial institution are subject to a \$25.00 returned check fee. This fee covers the processing fees that are charged to our office.

Any account balance over 90 days will be sent to collections. A collection fee of 30% will be added to your account when the balance is turned over to the collection agency.

#### **Regarding Insurance**

As a courtesy to all patients we will verify your dental insurance benefits and file your dental claim, but you are responsible to know your plan coverage, exclusions and limitations and ensure claims are paid.

All estimates are subject to final approval by your dental insurance plan; therefore the amount due is subject to change after final explanation of benefits have been paid.

All insurance co-pays and deductibles must be paid at the time of service.

If you are interested in following the doctor's recommendation and need to know exactly how much your Insurance plan will pay for it, a pre-treatment estimate will need to be filed.

#### **Regarding Appointments**

Please note that there is a \$50.00 missed appointment fee for all confirmed appointments not given at least 24 hour notice. Please give us a call in advance if you need to reschedule or cancel your appointment.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION; I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED FROM SERVICES RENDERED by Dr. Bonnie Burton, D.D.S.

PRINT NAME \_\_\_\_\_ (PATIENT/SUBSCRIBER, if minor- a GUARDIAN)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_