

Office Financial Policy

For the convenience of our patients, we have designed several alternatives to pay for your dental services.

- A. Payment in full the day the services are rendered. If insurance benefits apply, the assignment of benefits would be sent directly to you for reimbursement.
- B. **ESTIMATED co-payment** (including deductible if applicable). The assignment of benefits comes directly to our office. NOTE: Additional patient information needed for this option and is unavailable for patients whose insurance company will not assign benefits.
- C. Financing Available through Spring Leaf Financial, upon approved credit.

Payment plans available for major work. This option must be arranged prior to treatment and we cannot carry balances past 90 days. Interest will accumulate on your account after the 90 day period.

Emergency visits by any patient not having a current account must choose option "A" for that visit.

For your convenience we accept cash, checks, Master Card, Visa, and Discover. There is a \$20.00 charge on any returned check.

In the event an account reaches (90) ninety days past due, the account will be turned over to an outside collection agency. The patient will be responsible for all collection and attorney's fees.

If an account is delinquent, this office reserves the right to reschedule any non-emergency appointments until the account is brought to a current status.

We believe that your time is valuable. We maintain a daily schedule and try our best to adhere to that schedule. We appreciate that you arrive on time for your appointments so that we can stay on schedule and the patient that follows you will be seen on time. Please understand that emergencies do arise and we appreciate your patience with any delays.

We try to email or call patients with a friendly reminder 24 hours in advance of their appointments. We ask that you give 24 hours if unable to keep an appointment. Please note that there is a \$40.00 charge for any missed appointment, without the minimum notice being given.

I, _____ have read, understand and agree to the above policy. I understand that I am fully responsible for the fees for services rendered, regardless of insurance.

Signature _____ Date _____