

FINANCIAL POLICIES

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve that allow you to enjoy a healthy, beautiful smile with respect to your budget. Dental treatment is an excellent investment in an individual's medical and psychological care. We are always able to answer your questions or assist you in any way we can.

To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment.

INSURANCE:

We will file your insurance if we are a preferred provider or we are utilizing your out-of-network benefits. We will file a claim for the date of service twice. If, after filing the claim twice, the insurance company has not paid the claim, it becomes patient responsibility.

OPTIONAL PAYMENT TERMS:

Full Pay Cash Discount: We offer at 10% accounting courtesy for all treatment that is paid in full at the time of service and insurance is NOT being filed.

Major Service-Two Payment Option: We offer a two payment option for Crown, Bridge, and Denture treatment. We ask that you pay one-half of patient responsibility at the first appointment and the other half at the seat date appointment.

PAYMENT IS DUE WHEN SERVICES ARE RENDERED. We accept cash, checks (for checks over \$500 funds will be verified), MasterCard, Visa, Discover and American Express. Financing is available through CareCredit-Ask us for details.

BROKEN APPOINTMENTS:

A specific amount of time is reserved for you and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hours notice to avoid a \$40.00 cancellation fee (emergencies are an exception).

COLLECTIONS:

I understand that in the event that my account becomes 90 days past due and is turned over to our collection agency, I will be responsible for all collection expenses incurred.

Signature _____ Date _____