



## FINANCIAL POLICY

Thank you for choosing us as your dental care provider. It is the intention of all personnel in this office to provide for your dental health needs as thoroughly and as efficiently as possible. Please understand that the payment of your bill is considered part of your treatment. The following is a statement of our financial policy which we require that you read and agree to sign prior to any treatment.

### **PAYMENT ARRANGEMENTS :**

There are several methods of payment available. In order that we may have a definite understanding regarding the payments of dental fees, please choose one of the following.

- **CASH/CARD PAYMENT:** Payment for dental services must be paid for at each appointment by cash, personal check, or credit card. All new patients and emergency patients must pay for services as they are performed on the first visit.
- **MONTHLY PAYMENT PLAN:** For amounts over five hundred dollars, we offer financial options through Care Credit. After a patient's credit is approved, he/she may repay his/her loan over a twelve-month period with no finance charge added. Of course, the patient is welcome to make their own personal arrangements with their own bank if they wish.

### **INSURANCE :**

To avoid disappointment, we strongly suggest that you contact your insurance company to make certain your dental insurance assumptions are correct. As you know, most insurance companies pay only a portion of the dental investment. ***We require your estimated insurance portion at the time services are rendered.***

Further, patients must realize that professional services are rendered to a person, not to an insurance company. Hence, the insurance company is responsible to the patient and the patient is responsible to us. We cannot render services on the assumption that the charges will be paid by an insurance company. However, we will help in any way we can.

### **OVERDUE ACCOUNTS:**

All accounts with a past due balance after 60 days will be turned over to a collection agency and subject to an additional 35% processing fee.

### **MISSED APPOINTMENTS:**

Unless cancelled within 48 hours in advance, our policy is to charge for the missed appointment a cancellation fee of \$50. If there have been two missed appointments within a year, we reserve the right to dismiss you from the practice. If at any time you have questions regarding any treatment, fee, or service, please discuss them with us promptly and frankly. We will make every effort to avoid a misunderstanding to rectify an injustice, or to preserve a friendship.

I have read, understand, and agree to the above financial policies.

Responsible Party \_\_\_\_\_ Date \_\_\_\_\_