

OFFICE FINANCIAL POLICY

Welcome to our office. We are happy to have you as our patient and look forward to offering you and your family the finest dental care available. We feel part of providing complete comprehensive dental services includes all treatment and financial information.

Before treatment is performed, we will discuss treatment and financial options. This will allow you to fully understand your dental treatment, what to anticipate in fees and allow you time to make the necessary financial arrangements.

Payment is due at the time of services are rendered. For your convenience we accept cash, checks, Visa, Mastercard, Discover, and American Express.

Emergency Clients new to the practice, if insurance eligibility cannot be verified, payment in full is due at the time services are rendered. If you are an out of town guest, payment is due at the time services are rendered. Our office will provide you with all documentation required to file a claim with your insurance on your on behalf.

Insurance benefits are determined by your employer and not your dentist. **Any deductible or estimated co-payment amount will be due at the time of treatment.** Insurance is not a guarantee of payment; they will not pay for all your costs. Your insurance policy is a contract between you and your insurance company. Your insurance and payment is still your responsibility. As a courtesy we will be glad to file your claim for you if you bring: 1) your dental insurance wallet card and 2) all required employer information. You will be expected to pay for services rendered if this office is unable to verify your insurance information before treatment.

If payment for services already rendered has not been paid in full within 60 days, either by you or your insurance company, the remaining balance for treatment is considered due and collectible from you. If balance is not collected within 90 days of treatment rendered your account could be reported to a collections agency for payment and our doctor/patient relationship terminated.

We reserve the right to charge \$50.00 per half hour, and collect, for Broken Appointments – appointments that are cancelled or broken without 48-hours advance notice.

Appointments are reserved exclusively for you. As a health benefit to you, we may offer to move your appointment to an earlier time if openings arise.

Returned Check Fee of \$25.00 will be added to your account balance and is collectible.

Separated / Divorced Parents of Minors who are each responsible for one half of the cost of a child's/children's dental care, the parent who brings the child in is responsible for paying the co-payment or full fee. If a court order has been made that names one responsible parent, a copy of this order must be provided to the office prior to the minor's appointment. It may be necessary to have a credit/debit number from the non-custodial parent on file as we do not bill for services rendered.

Payment plans and financial arrangements are offered through Care-Credit our in-office financing partner.

I have read and understand this financial policy. I understand the terms of this financial policy cannot be altered at any time

Print Name

Signature

Date