



Financial Policy

We are happy you chose our office to meet your dental needs. Our goal is to provide comprehensive dental care in a clean and relaxed setting.

Non-insured Patients

Payment in full is required at the time of service. We do not offer in-office financing, but do partner with Care Credit for treatment needs. These arrangements must be made before any procedure is started.

Insured Patients

We accept dental plans that do not assign you to a particular dentist. We will file your claim as a courtesy and require that the benefits be assigned directly to our office. We will contact your insurance carrier to find out what your plan covers. This is usually a rough estimate because the insurance company does not want to reveal maximum reimbursement fee (the so called "UCR" or Usual, customary and reasonable fee"). Please remember that no insurance company attempts to cover all dental costs. We will be happy to help you receive maximum benefits; however, the agreement to pay for your dental care is a contract between you and your insurance company. We will not file secondary insurance. **We expect you to pay the uncovered portion of the bill the day service is rendered. If your insurance carrier has not paid their portion in 60 days, or left any portion unpaid, you are immediately responsible for the full balance. YOU ARE RESPONSIBLE FOR ANY AMOUNT YOUR INSURANCE COMPANY DOES NOT PAY.**

All Patients

We make every effort to keep down the cost of your dental care. You can help by paying at the time of your visit. You may pay by cash, personal check*, money order, Visa, MasterCard, or Care Credit.

*Personal Check Policy: Checks returned for any reason will be charged a \$25 fee and the accounts must be made current within 10 business days. If you have a returned check in the history of your account, we will no longer be able to accept personal checks.

Accounts that are not paid in a timely manner will be turned over to a collection agency. The patient or person responsible for the account agrees to pay any administrative fees attorney fees, court costs or any other cost of collection. Accounts having a balance over 45 days past due will be assessed a 1.5% monthly fee (18% APR).

Every effort is made to stay on schedule, so we respectfully request that our patients be prompt for their appointments. We will call to confirm one to two days prior to your dental appointment. Please be sure to let us know whenever there are changes in your phone numbers, so we may contact you.

Please be advised that it is necessary to give at least a 24 hour notice, during business hours, if you are canceling or rescheduling an appointment. If a 24 hour notice is not given, you may be subject to a charge. That charge can vary from \$25 minimum to 10% of the appointment value.

I HAVE READ THIS FORM AND ACCEPT ITS CONTENTS

Please Print Name: _____

Please Sign: _____ **Date:** _____