Our Financial Policy

Thank you for choosing us for your dental needs. We are committed to providing you with excellent care, and convenient financial arrangements are a part of successful, predictable treatment results. Our financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and our patients' financial capabilities. Please read, sign, and return the following:

Payment

Payment in full is due at the time of service unless prior financial arrangements are made.
We offer several payment options:

1. We accept Cash, Checks, Visa, MasterCard, American Express and Discover.
2. We expect patient co-payment to be paid at the time of service, including deductible, if applicable. Assignment of benefits goes to the office for reimbursement.
3. We offer third party financing through Care Credit.

Insurance

Our office is committed to helping our patients maximize their benefits. As you may be aware, medical and dental insurance is becoming extremely complex. We are always available to answer your questions, however, your insurance policy is a contract between you and your insurance company and as a medical provider, we are not party to that agreement. Your patient portion must be paid at the time of service. We ask our patients to provide us with complete dental insurance information. As a service to our patients, we will bill insurance companies for services and allow them 45 days to render payment in full. After 60 days you are responsible for the entire balance and it will be due in full. The quality of insurance policies varies greatly; therefore we can estimate your coverage in good faith but cannot guarantee coverage due to the complexities of insurance contracts.
Almost all insurance policies have a yearly maximum. As the patient, you are personally responsible for monitoring the amount of benefits used to date. Please check with your insurance company to determine what benefits remain in your account for the current year. At your request, we would be happy to assist you in doing this.

Missed Appointments

Once an appointment has been made, please remember that this time has been reserved specifically for you. We reserve the right to charge a fee for all canceled or missed appointments without a 48-hour notice.

Service Charges

The policy of this office is to charge a 1.5% monthly (18% annual percentage rate) or a billing charge which will be applied to all accounts over 60 days past due. There is a charge of $35.00 for returned checks.

Collection Fees

Fees incurred to collect payment will be billed to and payable by the patient's account holder.

Financial Consent

The patient (account holder) agrees to be fully responsible for total payment of treatment performed in this office.

I understand and agree to this Financial Policy and Agreement.

_____ _____

Signature of patient/responsible party Date