



Financial Policy

We are committed to providing you with the best possible dental care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policy, or your responsible account.

- * Please read and sign agreement prior to seeing the doctor.
- * We accept cash, checks, money orders, Visa, MasterCard, and Discover
- * Payment for visit is due at the time that service is rendered.

We do accept most dental insurance and will file your claim for you as a courtesy. We do ask that patients who have insurance that will not send payments to us (the provider) pay for treatment in full and their insurance company will reimburse them. As a courtesy, we will file your claim a maximum of 2 times. There will be a charge for any additional filing. If your insurance company has not paid their estimated portion for treatment within 35 days, arrangements will need to be made with our office to resolve the remaining balance within 10 days. If your insurance company pays more than the estimated portion, we will send a refund check to you.

Insurance is a contract between you and your insurance company. We are not a party to this contract. We file insurance claims as a courtesy to our patients. We will not become involved in the disputes between you and your insurance company regarding deductibles, co-payments, covered, and non-covered charges, secondary insurance, "usual and customary" charges, etc., other than to supply factual information as necessary. You are responsible for the timely payment on your account.

Treatment Cost: There are several ways to meet your financial obligation for treatment

1. Pay the amount in full with cash, check, or money order, and receive a 5% courtesy discount if treatment totals \$200.00 or more.
2. If treatment is for prosthetic cases (crowns, bridges, partials, or dentures), 1/2 of treatment amount must be paid on the date of the 1st appointment and the remaining balance can be divided into the number of appointments necessary to complete the treatment. Final payment is due upon placement of prosthesis.
3. You may use a MasterCard, Visa, or Discover card for payment. However, no discount will be allowed for this type of payment.

* Patients 65 years of age or older will automatically receive a 5% senior citizens discount off total treatment cost. *

Regarding Minors: The adult accompanying a minor will be responsible for payment for services. A minor must not be dropped off or left at our office without their guardian or an adult present during the entire appointment time. Please be advised, we will not be able to treat your child in the event they are left unattended. You will also be charged a rescheduling fee for the time that was allotted for your child's appointment if the child is left without proper supervision.

Missed Appointments: We do charge for all cancelled appointments without proper 24 hours notice. Please see attached agreement for details. Please help us serve you better by keeping scheduled appointments.

Returned Checks: \$30.00 fee on all returned checks.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

*I consent that the above claim forms or for any finan-
Responsible Party Signature
signature may be kept on file for sub-
sial compensation pertaining to my
Date
mittal of any insurance family's dental treatment.