

Our Financial Policy

Dear Patient:

Thank you for choosing us as your dental provider. The following is our financial policy. Our main concern is that you receive the proper treatments needed to improve and maintain your oral health.

We ask that all patients read and sign our Financial Policy prior to seeing the doctor.

PAYMENT IS DUE AT THE TIME THE SERVICES ARE RENDERED. We accept cash, checks, Visa, Mastercard, Discover, and Care Credit. We will be happy to bill your insurance.

Please understand that:

- 1) Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you, not your insurance company.
- 2) All charges that your insurance does not cover become your responsibility. Not all services are covered benefits in all contracts.
- 3) Fees for these services, along with unpaid deductibles and co-payments, are due at the time of treatment. We estimate these payments for you given all information we have available. Any information you can provide us will help to estimate more accurately.
- 4) Returned checks and balances older than 60 days are subject to additional fees and will be charged finance charges of 11/2% per month.
- 5) Fees quoted are good for a 6-month period and may change after that time period.
- 6) Parents that accompany minor children are responsible for the charges incurred.

Please Note: Without 24 hours notice, you may be charged for missed appointments at a rate of \$35.00 per hour missed.

Patient's
Signature _____ date _____