

## OUR FINANCIAL POLICY

Thank you for choosing us as your dental provider. Our main concern is that you receive the proper treatments needed to improve and maintain your oral health. If you have any questions or concerns about our payment policies, please do not hesitate to ask our office staff.

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, American Express and Care Credit. We will be happy to bill your insurance.

In special instances, we may accept assignment of insurance benefits. However, 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 are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
- 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 the information we have available. Any information you can provide us will help to estimate more accurately.
- 4) Returned checks will be charged a fee of \$35.00.
- 5) Parents that accompany minor children are responsible for the charges incurred.
- 6) Overdue accounts will be assessed a \$35.00 fee.

Please note that without 48 hour notice, you may be charged for a missed appointment at a rate of \$50.00 per hour missed, \$100.00 for prime times of the day.

We understand that temporary financial problems may affect the timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in management of your account.

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature (minor children) \_\_\_\_\_ Date \_\_\_\_\_