



## Financial Policy

We want to make clear to all of our patients the financial policy of our office. As always it is our desire to provide all of our patients with the very best dental care; it is also necessary for us to procure payment of care.

For that purpose, our practice will accept the following standard for payment of service: **Payment is expected at the time treatment is provided. Our office accepts cash, check, and credit cards (VISA, MC, DSC, AMX); as well as Care Credit.**

If you have insurance, we are happy to assist in completing the necessary forms. However, you are expected to pay deductibles, co-pays, and ESTIMATED patient responsibility at the time treatment is provided.

It is important that you know your policy. Please understand that insurance is a benefit that your employer has provided for you. We will assist you in any way to assure you the coverage from the policy; generally, policies have co-pays on restorative procedures and are subject to benefit year deductibles and maximums. Anytime we provide treatment, the fees are the responsibility of the patient or parent. If billing is necessary, we will send statements, however, payment in full is expected in our office within 30 days. Any account balance over 90 days may, at our discretion, be forwarded to a credit bureau for collections. Any fees they charge will be accessed to your account balance, as well as any legal fees or court costs; our attorney may charge for this collection.

We are always happy to discuss financial arrangements with you. We do work with a funding program (Care Credit) and have a 6 or 12 month same as cash program available for all major treatment. Inquire at the business office and we can give you the appropriate application.

**Note: Patients that cancel or fail an appointment without a 48-hr notice will have a \$35.00 charge assessed to their account.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_