

# Financial Policy For Our Patients

Our office wants all of our patients to be able to comfortably afford dental care. We proudly offer a written financial policy so that our patients can have the opportunity to decide which payment option best suits your needs. We will be happy to work with you to plan the most appropriate arrangements for your budget.

## Payment Options

- **Payments are expected at the time services are rendered.** We accept cash, checks, debit cards and all major credit cards. For multiple appointments, payment can be broken down into a maximum of 3 payments.
  - **Pre-payment in full.** Our office offers a 5% savings to those patients paying in advance for their treatment in full.
  - **Outside Financing.** We have made arrangements with Care Credit to provide outside financing options with up to 5 year payment plans. Financing allows you to start your dental treatment immediately and spread the payments over a time period. Most importantly, it offers you the opportunity to enjoy the benefits of your dental health without the financial strain. Please ask us for application information.
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**Insurance:** Our office understands the value of insurance benefits to our patients and will gladly work with you to help get the maximum benefit available to you. We will accept assignment of benefits, so the portion of the claim form that “assigns” payment to our office will be marked accordingly. Most dental insurance plans do not cover 100% of the cost of treatment. Because of this and the extreme delay in receiving payment from your insurance company, you will be asked to pay your deductible and your portion of your charges the day the service is rendered. We will estimate as closely as possible your coverage, but until we actually receive the payment from the insurance company, it is just an estimate. We will assist you in dealing with your insurance company, but the ultimate responsibility lies with you. After 45 days, the balance will be due in full from you. Our estimates are subject to final approval by your insurance company and could therefore change the amount due to our office.

**Broken appointments:** A specific amount of time is reserved especially for you, and we strongly encourage all patients to keep their appointments. If you must change your appointment, we require at least 24 hours notice to avoid a \$50/hour cancellation fee (emergencies are an exception).

I hereby authorize the doctor to perform treatment that may be indicated in connection with my (or my family's) dental care. I agree to pay for all services rendered by this office. If I have dental insurance, I agree to pay for all services not paid for by my insurance company.\* Interest of 1.5% per month (18% annually) may be applied to any balance over 60 days.\* If my account is referred for collection, I understand that I may be responsible for the cost of collection, including court costs and attorney's fees.

\*\*\$5.00 per month may be applied if this amount is greater than the 1.5% interest amount\*\*

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Patient Signature

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Date