

## **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 and MasterCard); 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 and co-pays at the time treatment is provided. Our office will gladly assist in determining the approximate amount of your co-pay. Please note that we do our best to get the closest estimate, but insurance payments are not a guarantee and therefore what we bill to patients before insurance reviews the claim is still just an estimate and you may be subject to further billing due.

It is important that you know your policy. 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. 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 incurred.

We are always happy to discuss financial arrangements with you. We do work with a funding program 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 \$50.00 charge assessed to their account.

Signature of Patient, Parent or Guardian	Date	
Witness	Date	