



Financial Policies and Options

Thank you for choosing our office for your dental needs. We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need with respect to your budget.

To maintain the practice operations and prevent potential misunderstandings, we ask patients to accept and adhere to the following financial arrangements regarding their dental treatment.

- **Patient Co-Pays:** We will collect your patient portion at the time of service and file an insurance claim for reimbursement. Once the claim is processed, any amount paid will be applied to your account. If there is a difference in the estimated insurance coverage and the actual amount paid or the claim is denied, the patient is responsible for the balance. If there is an overpayment, a credit will be applied to your account. Please understand our treatment plans are only an estimate and insurance companies are not always predictable.
- **Major Service - Two Payment Option:** We offer a two-payment option for Crown, Bridge, Implant and Denture treatment. We ask that you pay one-half of your co-payment at the initial appointment and the second half at the follow-up appointment.
- **Credit or Debit Card Payment Option:** We accept all major credit and debit cards.
- **Care Credit – Dental Credit Card:** We've made arrangements with a credit card company that will finance your dental work with approved credit. Application forms are available at the front desk. You can also apply online at CareCredit.com.

Broken Appointments: A specific amount of time is reserved specifically for you and we strongly encourage you to keep your scheduled appointment. If you must change your appointment, we do ask for a minimum of 48 hours notice to avoid a \$50 short notice cancellation fee (emergencies are an exception).

By signing below I agree that I am responsible for payment of all fees not paid by my insurance including but not limited to deductibles, co-pays and disallowed services; any fees assessed for past due balances; returned checks; and any and all fees incurred as a result of the use of an attorney or collection agency.

SIGNATURE

DATE