

## Financial Policy

In our continued commitment to provide the highest quality of dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment:

- 5% Cash Discount for payment in full with cash or check
- Visa, Mastercard, Discover, American Express
- Care Credit

- **Insurance:** Patients are responsible for all charges resulting from care at our office. Any estimated portion of treatment, not covered by insurance, is due at the time services are rendered. As a courtesy to you, we will process your insurance claims for payment. We are contracted with many insurance companies. Because there are so many different plans, our staff cannot be expected to be "experts" on what is covered and what is not. **Knowing your insurance benefits is your responsibility.** We will however, do our best to provide you with an **estimate** of your proposed treatment based on the information provided by your insurance company. Please contact your insurance company with any questions you may have regarding your coverage.
- **Past-Due Insurance Claims:** All services are due to be paid in full within 60 days of the date of service, regardless of whether or not your insurance benefits have been received. Should your insurance company delay processing, you are expected to participate in expediting the payment.
- **Co-Payments and Deductibles:** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company.
- **Non-Covered Services:** Please be aware that some of the services you receive may not be covered by your plan. If we are **not** an "in-network" provider with your insurance carrier, some fees may not be considered reasonable or customary. These services must be paid for at the time of your visit.
- **Insurance Coverage Changes:** If you have an insurance change, please let us know **before** your appointment, so that we can make the appropriate changes to help you achieve your maximum insurance benefits.
- **Returned Checks:** If your check is returned for insufficient funds, there will be a \$25.00 Non-Sufficient Funds fee added to your account, in addition to the amount the check.
- **Missed Appointments:** Appointments are reserved specifically for you. We reserve the right to charge \$50.00 an hour for any appointment cancelled **without a 48 hour notice**. These charges will be your responsibility and will be charged directly to you.

By signing below, you understand that you are fully responsible for the total payment of all procedures performed in this office, this includes any treatment that is not a benefit of your dental insurance. If for any reason the estimated amount is not paid by your insurance company, it becomes your obligation.

We reserve our right to charge a \$5.00 billing fee for statements sent with an account balance over 90 days. In addition, 1.5% per month interest will be charged on accounts with outstanding balances over 60 days due. If it becomes necessary to effect collections of any amount owed, you agree to pay for all costs and expenses, including reasonable attorney's fees.

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Signature

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Date