

FINANCIAL POLICY

Welcome! Thank you for selecting us as your dental health care providers. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

FINANCIAL AGREEMENT:

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Payments may be made using Cash, Check, or Credit Card. We also offer CARE CREDIT, which is an extended payment plan with prior credit approval.

Appointments:

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least 48-hour notice for any cancelled appointment(s). With less than 48-hour notice a \$50 missed appointment fee may be applicable. To serve all of our patients in a timely manner, we may need to reschedule an appointment if a patient is 10 minutes late or more arriving to our practice.

Insurance Information:

Your dental benefit is a contract between you and your employer and the dental benefit plan. Benefits and payments received are based on the terms of the contract negotiated between you and your employer and the plan. We are happy to help our patients with dental benefit plans to understand and maximize their coverage.

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. At the time services are rendered we will collect all deductibles, co-pays and any estimated amount not covered by the dental benefit plan in full. You will be responsible and will be billed for any unpaid balance of services rendered upon receipt of payment from the plan to our practice, even if that amount is different than our estimated patient portion of all services that were billed upon your behalf.

Care Credit:

Our office has partnered with Care Credit, a patient financing company, to offer our patients 0% interest financing up to 12 months with approval. If you would like to inquire more on this service to use for your dental treatment needs our financial coordinator can provide more information to you.

Unpaid Balances:

A service charge of 1.5 % per month (18% per annum) on the unpaid balance will be charged on all accounts with a balance exceeding 60 days, unless previously written financial arrangements are agreed upon. There is also a \$30 returned check fee. For your convenience online payments can be made.

If there is an unpaid balance on the account the guarantor consents to the following statement types (Check all that apply): *

Electronic Statement by TEXT Electronic Statement by EMAIL Mailed PAPER Statement

Refunds:

Refunds for overpayment can be sent after all treatment is completed and insurance has been collected.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns. We look forward to providing the highest quality dental care in a relaxing and caring atmosphere.

* **By checking this box, I have thoroughly read the Financial Policy and I understand and agree to this Financial Policy. I also grant my permission for you or your assignee, to telephone me to discuss this statment or my treatment.**

Patient Name: _____

Last

First

MI

Preferred Name

Response Date: _____

