



Financial Policy

Thank you for selecting us as your dental healthcare providers. Our office is committed to providing you with the best possible care. Our primary goal is not to allow the cost of treatment to prevent you from benefitting from the quality care you need or desire.

Payment

- We accept the following forms of payment: Cash, Check, Visa, MasterCard, Discover, American Express, and CareCredit.
- Payment for services is due at the time services are rendered unless prior arrangements have been made with the doctor and the front office.
- If dentures, partial dentures, crowns, or bridges are to be fabricated by a dental laboratory, a 50% deposit will be required at the time of the first impression. The remaining balance is due at the time the prosthesis is cemented or inserted.
- The parent who accompanies the minor child/children to the appointment is responsible for any payment due.
- Checks that are returned to our office from your financial institution are subject to a \$40 returned check fee. This fee covers the processing fees that are charged to our office. Before we can accept another check, the \$40 fee plus full payment for the check that did not clear must be paid in cash or by credit/debit card.

Insurance

- Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept the assignment of benefits, and your insurance company has not paid your account in full within 60 days, the balance may be transferred to your account. Please be aware that some, and perhaps all, of the service provided may be non-covered services and not considered reasonable and customary under the terms of your insurance policy. Our practice is committed to providing the best treatment for our patients, and our fee is what is usual and customary for our area. You are responsible for payment, regardless of any insurance company's arbitrary determination of usual and customary rates.
- Your complete insurance information must be presented at the time services are provided. Insurance claims cannot be backdated. Most benefits will be verified before your insurance company can be billed.
- All insurance copays and deductibles must be paid at the time of service.
- We are happy to discuss our fees and how they relate to your particular situation. We also realize that temporary financial situations may affect timely payment of your account; if such problems arise, we encourage you to contact us promptly for assistance in the management of your account. Often, financial misunderstandings can be managed with a phone call.

Appointments

In order to better serve you and keep the cost of dental care down, we strive to maintain an efficient appointment system. However, our cost of providing care greatly increases when people fail to keep scheduled appointments or cancel without notice. We require a minimum of 24-hour notice for any cancelled appointment. A \$50 fee may be charged for missing appointments without advanced notice. After 3 missed or cancelled appointments, we will place you on a short-call list, which means we will phone you when an appointment time becomes available on short notice.

Please indicate your understanding and acceptance of these financial policies by signing below.

Patient's Name (please print)

Date

Patient or Guardian's Signature

Date