

## Financial Policy

Thank you for choosing our dental practice. Our primary mission is to deliver the highest and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

### Payment Options:

- Cash, Check, Visa, MasterCard, American Express or Discover Card
- CareCredit (NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup>)
  - o Allows you to pay over time with NO INTEREST<sup>1</sup>
  - o Convenient, low monthly payment plans<sup>2</sup> also available
  - o No annual fees or pre-payment penalties

For patients with private indemnity dental insurance (PPO), we are happy to work with your carrier to maximize your benefits and directly bill them for reimbursement for your treatment provided assignment of benefits has been designated to our office. You are responsible for knowing your insurance coverage and benefits. As insurance policies vary, please refer to your individual policy provided by your insurance carrier. If there are any delays in payment we will send you a statement requesting payment in full after 30 days. **We will begin to assess finance charges (0.833% month / 10% Apr) on the unpaid balance 60 days after treatment has been rendered.** We are currently not contracted with any insurance carrier which means we would be considered "OUT OF NETWORK" with your dental plan.

### Please note:

Payment is expected at the time services are rendered unless prior financial arrangements have been made. For treatment plans requiring multiple appointments, alternative payment arrangements may be provided.

For treatment plans that require hospital care or sedation or those over \$500, a 50% deposit is required to secure your treatment appointment.

A fee may be charged to patients who cancel and/or "No Show" **without giving us a 48-hour notice prior to their appointment (25% of the cost of that days appointment or minimum of \$25).**

A fee of \$50.00 will be charged for any returned check. A returned check is a check returned for any reason. If a check is returned for insufficient funds, penalty fees may be assessed up to the legal limit.

In the event that it is necessary to initiate collection proceedings on your account, you will be responsible for all attorneys' fees and cost of collection.

We offer a 5% courtesy accounting adjustment to patients who pay for their share of cost in **CASH** prior to the rendering of treatment if the treatment plan is over \$1000.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want and need. Thank you for choosing our dental practice.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

Parent or Guardian's Name (Please Print)

<sup>1</sup>If paid within the promotional period of 12 months or less. Otherwise, interest assessed from purchase date. Minimum monthly payment required. <sup>2</sup>Subject to credit approval