

FINANCIAL POLICY

Payment is due at the time services are rendered. For your convenience we accept CASH, CHECK, VISA, MASTERCARD, AMERICAN EXPRESS, AND DISCOVER.

Insurance benefits are determined by your employer, and not your dentist. Any deductible or estimated co-payment amount will be due at the time of treatment. Insurance is not a guarantee of payment; dental insurance helps lower your out of pocket expense, but DOES NOT pay all your costs. Your insurance policy is a contract between you and your insurer. Your insurance and payment are your responsibility. As a courtesy, we will submit your claim, providing you bring your 1) insurance card, and 2) all required employer information. You will be expected to pay for services rendered if we are unable to verify your insurance information prior to treatment.

If payment for services rendered has not been paid in full within 45 days, either by you, or your insurance company, the remaining balance is considered due and collectible.

Returned check fee of \$40.00 will be charged to your account for any returned check, and is collectible.

Payment plans and financial arrangements can be made prior to commencing comprehensive dental treatment. These arrangements include the following:

- A 5% cash courtesy will be applied to your total cost on all treatment plans over \$1,000 if full payment is made by cash or check prior to starting treatment.
- For comprehensive treatment over \$1,000 (involving multiple visits) 50% is required prior to commencing treatment, with the remaining balance due prior to the completion of treatment.
- We offer extended payment plan options through CARE CREDIT at up to 12 months interest free, or up to 48 months with a low interest plan.

If for any reason your account is referred to a collection agency, you will be responsible for any and all fees associated to collecting your debt.

I have read and understand this Financial Policy.

PRINTED NAME _____

SIGNATURE OF PATIENT OR PARENT _____

DATE: _____