

Brentwood Dental Center

Financial Policy

This statement is to inform you of our financial policy. We are committed to providing you with the highest quality of dental care using only the best materials available in the dental field today. We are also committed to providing you with up-to-date information and educational tools so you may fully participate in maintaining optimum oral health. Our policy is intended to facilitate excellent service to you while minimizing our administrative costs.

All charges you incur are your responsibility regardless of your insurance coverage. We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Our office is not a party to that contract. If payment from your insurance company is not received within 45 days from the date of service, you will be expected to pay the balance in full.

As a courtesy to you, we will help you process all your insurance claims. You may direct your insurance company to pay directly to our office by signing the "Assignment of Benefit Agreement."

Payment is due at the time service is provided. Our office accepts, cash, personal checks, Visa, MasterCard, Discover, American Express and Care Credit.

We would like appointment confirmation at least 48 hours in advance. If you are not able to make your appointment, the more time you can give us will let us offer that time to another patient. The office will charge \$50 for appointments cancelled without 48 hours notice. There will be a \$50 no show fee incurred for failed appointments. Several late cancellations or missed appointments can lead to a deposit for future appointments up to \$75 depending on procedure length, which, will be used towards a missed or late cancelled appointment. _____
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If you have any questions regarding our financial policy, please feel free to ask. We are committed to providing you with the most positive experience at Brentwood Dental Center.

Please sign to acknowledge our financial policy

Signature of Patient or Guardian

Date