



Quality Care, Beautiful Smile

OFFICE FINANCIAL POLICY

In our continued commitment to provide the highest quality dental care available to all of our patients and to have those services comfortably affordable, we are pleased to offer you these options for payment.

- CASH
- PERSONAL CHECKS
 - Returned checks are subject to a \$35.00 non-sufficient fund fee.
- CREDIT CARDS (Visa, Master Card, American Express, Discover)
- PRE-PAYMENT
 - We are happy to offer a 5% discount when your estimated patient portion is over \$300.00. However, your patient portion must be paid in full upon scheduling your appointment.
- DENTAL INSURANCE
 - Our office will assist you in obtaining the maximum benefits specified in your contract. However, your insurance is a contract between you, your employer, and the insurance company. **We will need you to bring us a copy of your benefit booklet if you would like help interpreting your benefits.**
 - As a courtesy to you, we will process your insurance benefits in our office. **We ask that your estimated patient portion, including any deductible, be paid at the time of service.**
 - Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will cover. In such cases, you are fully responsible for the total payment of those services.

I agree that I am fully responsible for the total payment I may have. I understand that all services are due to be paid in full within forty-five (45) days of the date of service — this includes any treatment that is not a benefit of my dental insurance. One and one-half percent (1.5%) per month interest (18% per year) will be charged on accounts 45 days from treatment date.

MISSED APPOINTMENTS

Appointment times are reserved especially for you. If for any reason you should need to change your appointment, there will be no charge, provided you give us 48-hour notice, all other missed appointments will be charged a \$50.00 missed appointment fee. Please help us serve you better by keeping your scheduled appointments.

We are here to assist you in any way possible. Please make your questions and concerns known to our team. Our goal is to ensure that you have an outstanding experience.

Signature (Responsible Party)

Financial Coordinator

Date

Print Name: _____