

FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

The person financially responsible for the patients' account must complete the Account Information before the patient sees the dentist.

*****FULL PAYMENT IS DUE AT THE TIME OF SERVICE*****

To assist you with your dental care investment, we provide the following payment options:

1. Cash – includes money orders and personal checks.
2. Visa/Mastercard – we accept credit cards as payment for treatment.
3. CareCredit – patient payment plans that allow you to pay over time with convenient monthly payments. With CareCredit, you enjoy these benefits.*
 - a. Flexible financing options
 - b. No annual fees or prepayment penalties
 - c. Quick and easy application
 - d. Receive a credit decision almost immediately
 - e. Start your recommended treatment immediately (Subject to credit approval)

We are happy to offer these choices so that you can select a payment option that best fits your needs. Again, we are pleased to welcome you as a member of our client family.

REGARDING INSURANCE:

- * **We require deductible and co-pays to be paid in full at the time of service.**
- * Your insurance policy is a contract between you and your insurance company. However, we will automatically bill your insurance company for services rendered as a courtesy to you.
- * If your insurance company has not paid the total claim within 90 days from the date of your treatment, the balance will automatically be billed to you. Please be aware that we may receive only a partial amount of what was totally billed to your insurance company. You will be responsible for amounts the insurance company has determined as ineligible or not covered in full.
- * If we cannot verify eligibility prior to treatment, you are expected to pay in full at the time of service. We will be glad to submit your insurance form and direct your insurance company to make payment directly to you.

USUAL AND CUSTOMARY RATES:

Our practice is committed to providing the best treatment for our patients and we charge 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.

MISSED APPOINTMENTS:

Unless cancelled at least 24 hours in advance, our policy is to charge for missed appointments at the rate of \$50.00. Please help us serve you better by keeping scheduled appointments.

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts.

I have read and understand the Financial Policy.

Signature of Responsible Party

Date: _____