FINANCIAL POLICY

(EFFECTIVE AUGUST 1, 2026)

PAYMENT OPTIONS: Cash, Check, Money Order, Visa, MasterCard, American Express, Care Credit. Payment is due at the time service rendered unless prior financial arrangements have been made.

INSURANCE: We must emphasize that as your dental care provider, our relationship is with you, our patient, not with your insurance company. Your insurance policy is a contract between you, your employer, and your insurance company.

Please understand that we will provide an insurance estimate to you, however, it is not guaranteed that your insurance will pay exactly as estimated. Your insurance company and your plan benefits will determine the amount paid. We will, of course, do all we can to make sure your estimate is as accurate as possible. If payment is not received or your claim is denied, you will be responsible for paying the full amount at that time. If you are paid by the insurance company instead of our practice, you then become responsible for the total account balance and payment would be expected immediately.

EMERGENCY/NEW PATIENTS: Patients must pay at the time of service until they are established as an existing, participating patient and then payment policies will apply.

COURTESIES

-Patients without insurance - Payment in full at the time of appointment by check or cash (this does not include Care Credit or major debit/credit cards) will receive a 10% courtesy on treatment.

-Senior Citizens (age 65 plus) without insurance – A 10% courtesy discount on treatment will be applied to those in good financial standing with the office.

-Care Credit is available for those who qualify. This is an external financing source which can finance treatment from $200 - $25,000.

MINORS WITH SEPARATED PARENTS: When two parents are each responsible for one half of the cost of the child's dental care, the parent who brings the child is responsible for paying the co-payment or full fee. We will provide a receipt to assist the parent to collect payment from the other parent.

NSF/RETURNED CHECKS: There will be a fee of $35 for processing a returned or NSF check.

NO SHOW/CANCELLATION POLICY: The practice reserves the right to charge a $50 fee for no show appointments or appointments canceled without 24-hour notice.

I confirm that I have read, understand and agree to the above terms and conditions. I hereby authorize payment of insurance benefits directly to the dentist or dental group, otherwise payable to me. I understand that my dental care insurance carrier or payer of my dental benefits may pay less than the actual bill for services. I understand I am financially responsible for payments in full of all accounts. By signing this statement,

I revoke all previous agreements to the contrary and agree to be responsible for payments of services not paid, in whole or in part by my dental care payer.

Signature_____ **Date**_____

Revised: 8/1/2026