



FINANCIAL POLICY

PAYMENT OPTIONS

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

INSURANCE

If you have dental insurance, we will file with the insurance company and collect the estimated portion at the time of service.

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 credit cards) will receive a 10% courtesy on treatment.
- Senior Citizens (age 65 plus) without insurance – A 10% courtesy 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 \$25 for processing a returned or NSF check.

COLLECTIONS

If your account must be turned over to collections, a 25% collection fee will be added to your account. However, rates are subject to vary.

NO SHOW/RESCHEDULE POLICY

The practice reserves the right to charge a \$25 fee for no show appointments or appointments canceled without a 24 hour notice. First time offenders will be billed this fee and then it will be reversed from their account.

Your signature below signifies your understanding and willingness to comply with this policy.

Patient Signature (Financial Responsibility)

Date

Print Name

11/09/17