



Financial Policy

Our fees reflect the quality of the service and care, technology, materials, and infection control standards provided in our office. We are open about our fees and we will discuss your financial obligations prior to treatment. You will receive an itemized bill at the end of each appointment at which time full payment of your bill is due.

We are always happy to assist our patients in obtaining their maximum benefit with their dental insurance plans. While we will do our best to assist you, we ask that you understand that dental insurance is a contracted benefit between the patient, the patient's employer and insurance carrier. At no time is the insurance carrier obligated to pay benefits to the dental practice. Therefore, the patient or patient guardian is ultimately responsible for the TOTAL TREATMENT FEE regardless of expected insurance benefits. For your convenience, MasterCard and Visa, checks and cash are accepted. (Returned checks are subject to a \$35 service charge).

There are circumstances when we are able to extend the courtesy of allowing you to assign your insurance benefits directly to us with the patient's portion due at the time of treatment. You will receive reimbursement for any amount received by us from your insurer in excess of any outstanding balance on your account. Any balance not paid by your insurance company within 30 days of billing will become the patient's responsibility. This office will not enter into any disputes with your insurance company.

We offer assistance with Care Credit financing. Care Credit is a separate line of credit to cover all of your dental needs. Care Credit applications are available in our office. For information and to apply, go to www.carecredit.com.

Rescheduling Your Visit

In order to assure all our patients uninterrupted high quality treatment, your commitment to the reserved appointment time will be important and greatly appreciated. Being on time for your appointment will allow us to give you our best services and fullest attention. If it becomes necessary for you to reschedule an appointment, please call us 2 business days in advance of your appointment. Noncompliance with this important policy will result in a charge of \$100 per hour of the scheduled appointment time or a fraction thereof.

Financial Responsibility

The patient or guarantor of payment will be responsible for prompt payment for dental service provided in this office. In event of default, a late fee of \$35 and legal interest (18% APR) on balances remaining over 30 days, together with any collection costs and attorney fees will be attached to the account balance, as may be required to effect collection of this note.

I understand and agree to all the above terms.

Signature of Patient/Parent/Guardian

Date

Financial policy is subject to change. Patients will be notified of changes.