



Our Financial Policy

Thank you for choosing us for your dental care. We are committed to the success of your treatment. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we request you read and sign.

FULL PAYMENT IS DUE AT THE TIME OF SERVICE.
WE ACCEPT CASH, CHECKS, OR VISA/MC.
*WE OFFER AFFORDABLE FINANCING OPTIONS FOR TREATMENT.
(See our receptionist for details)*

Regarding Insurance.....

Our practice participates with a select few dental insurance plans. To determine whether or not our practice participates with your particular plan, please speak directly with the receptionist. If your plan is one with which we participate, we will bill and collect according to your plan. All deductibles, co-payments and disallowed charges will be due at the time of service.

If we do not participate with your insurance plan, we will submit your dental claim form as a courtesy to you. Although your insurance company may pay at a higher rate, a payment of 60% is required at the time of service for all treatment other than routine cleaning appointments. In most cases, no payment is required for cleaning appointments.

We will do all that we can to get the most in benefits reimbursed for you. However, we cannot bill your carrier for your reimbursement unless you provide us with current insurance information. Please be aware that some of the services provided may not be covered or considered above the "usual and customary." Our practice is committed to providing the best treatment for our patients, while charging what is reasonable and customary for our area. You are responsible for payment of your account, regardless of any insurance company's arbitrary determination of usual and customary fees. If insurance has not responded to a claim within 45 days of submittal, the full account balance becomes the account holder's responsibility.

(In the event that your account is placed in the hands of an agency for collection, the costs involved, including any attorney's fees, will be at the expense of the patient.)

Regarding Deposits for Appointments..

For certain extensive or specialty appointments, a nonrefundable deposit may be required at the time the appointment is scheduled.

Regarding Missed Appointments...

When we schedule an appointment, that time is reserved just for you. If you must change an appointment, please give us at least 24 hours notice. If proper notice is not received, any deposits paid will be nonrefundable. We'll make every effort possible to verify your appointment at least two days in advance. Please help us serve you better by keeping scheduled appointments.

Thank you for reading and understanding our Financial Policy. Please let us know if you have any questions or concerns.

X _____
Signature of patient or responsible party

Date _____

Printed Name