



FINANCIAL POLICY

Our primary concern is for your health. For your convenience, listed below are the options available to address your financial needs.

To our insured patients: As a courtesy to you, we will be happy to review your plan to determine how your insurance can "reimburse" you for a portion of your dental costs and maximize your insurance benefits. We accept many insurance plans. Please remember no insurance company attempts to cover 100% of all dental cost. It is your responsibility to pay any deductible or any balance not paid by your insurance carrier.

***Payment in full is expected at the time of service.**

***All patient portions are due at the time of service unless other arrangements have been made previously with our *Office Manager*.**

We work hard to make ideal dental care affordable for our patients. For your convenience we accept Cash, Check, Mastercard, Visa, Discover and American Express. All credit cards will have a 3.5% convenience fee added. We also offer *Care Credit* to help create payment plans that suit different budgets. Patients in need of a payment plan must make arrangements with our office manager prior to scheduling treatment.

Accounts over ninety (90) days will be considered past due and assessed a finance charge of 1% per month.

Please let us know 48 hours in advance if you need to make a change to the time reserved for you with the doctor or hygienist. **We reserve the right to charge for missed appointments or appointments cancelled with less than a 48-hour notice.** The fee is **25.00 dollars per appointment hour** missed.

By signing below, you agree that you are responsible for all costs of dental treatment for yourself and your dependents. You agree to the above financial policy and will abide by terms.

Name of Patient,
Parent or Guardian: _____

Date: _____

Signature: _____

THANK YOU FOR YOUR CONSIDERATION