



2021 Financial Policy

Thank you for choosing us for all of your dental needs. We are committed to providing you with excellent care and convenient financial arrangements in order to insure the best possible experience. Our financial arrangements are based on an open and honest discussion of recommended treatment. Please read the following and sign.

PAYMENT

Payment in full for services are expected at the time the service is rendered unless other payment arrangements were made prior to treatment using one of our payment options. We accept cash, check, money order, credit card or debit card.

PAYMENT PLANS

We offer a 3rd party payment option of 12 months interest-free patient financing or our in-office interest-free patient financing for up to 3 months, the first payment is due at the time treatment is scheduled.

INSURANCE

Our office is committed to helping our patients maximize their insurance benefits. As you may be aware, dental insurance is extremely complex. We are always available to answer your questions, however, **your insurance policy is an agreement between you and your employer/insurance carrier as a dental provider we are not party to that agreement.** Your patient portion will be due at the time of service. We ask our patients to provide us with complete dental insurance information. If the information is incomplete or incorrect you will be responsible for the total of the services rendered. As a courtesy to our patients we will process all primary and secondary insurance claims for services and allow 45 days for complete payment. After 60 days, the patient is responsible for the entire balance in full. The qualities of insurance policies vary greatly, therefore we can **estimate** your coverage in good faith but cannot guarantee coverage due to the complexities of insurance contracts.

SERVICE CHARGES

We charge an 8% monthly billing fee for all accounts with balances over 30 days past due. We charge \$35.00 for all returned checks. Any fees incurred to collect payment from a professional agency will be billed to and payable by the patient or patients

responsible party.

FINANCIAL CONSENT

The patient (or responsible party) agrees to be fully responsible for the total treatment performed in this office.

MINORS

Payment for services for the treatment of minors is the responsibility of the adult accompanying that minor.

All treatment recommendations made in this practice are based solely on your dental needs. If you have any questions about our policies, please let us know.

**** Please remember, we cannot guarantee the amount of your dental benefits, there may be a remaining balance that is your responsibly****

I understand and agree to the above conditions. I authorize the release of any dental information necessary to process claims to dental benefit administration companies when appropriate.

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of the Financial policy.