PATIENT NAME: _____

Thank you for choosing us as your dental care provider. We are committed to providing you with quality dental care and to your treatment being successful. Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require that you read, agree to and sign prior to any treatment.

### Missed Appointments

Since we reserve time for you, we kindly request at least 48 hours notice when canceling or rescheduling an appointment. Unless canceled, **at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit.** Please help us serve you better by keeping scheduled appointments.

## *Dental Insurance*

- **We accept all major insurance plans**. We are happy to file the forms necessary to assure you receive the full benefit of your dental insurance.
- We will gladly **estimate your insurance coverage** and provide a written estimate for you, but because there are many variables in dealing with dental insurance we cannot be sure of the amount your plan covers and our estimate is not guaranteed and is rarely 100% accurate. There are many ways in which payment may be denied even for most routine procedures.
- ***We do require your portion of the bill (20%-50%) to be paid at time of service.*** The fee is your responsibility whether your insurance company pays or not. If for some reason your insurance company has not paid their portion in 30 days from the start of treatment, you are responsible for full payment at that time. If an exact determination makes you more comfortable, the best method for accuracy is to pre-authorize the procedure with your insurance carrier.
- Any balance will be billed to the patient after insurance pays its portion and any billing credit will be issued to patient within 45 days. Please know that we will do everything possible to see that you receive the full benefits from your insurance company.

### Financial Arrangements

**We believe that our Patient Financial Agreement is as important as the services we perform. It is our responsibility to inform you of our charges and our payment policy prior to service.** We realize that each person's financial situation is different. For this reason, we provide a full range of convenient payment options. Fees and financial arrangements, including dental insurance benefits, will be arranged before treatment begins.

## ***Payment Options***

Full payment is due at time of service unless other arrangements have been made prior to treatment.

**Option 1**: payments or co-payment in full by cash, check or credit cards (Visa, Master Card, American Express, Discover, ATM/Debit Cards) at time of service.
**Option 2**: in-house financing. Internal payment options: prior agreed upon amount and time period for specific procedures with a credit card authorization and a schedule for charging the credit card. You sign a credit card authorization form and we will charge the agreed upon amount on your credit card on designated dates
**Option 3**: For those times when the first two just don't make it, we have another great option, The Healthcare Credit Card. This is a line of credit specially designed for the dentistry. It takes a little more time than the first two to set up, but has some extra benefits too. After you fill out the application form (no cost to apply and no annual fees to be a member) and are approved, depending on the amount, you can choose a 3, 6 or 12 month interest free loan or a longer term regular loan. Please ask receptionist for programs available.

We reserve the right to charge bounced check fees, collections fees, penalties and interest in the amount of 21% as provided by state law. Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read the financial policy. I understand that I am responsible for any amounts not paid by insurance for any reason. I understand and agree to this Financial Policy.

X_____ Date: _____
Signature of patient (or parent if minor)