

### Financial Policy

Thank you for choosing us as your dental health care provider. Dental treatment is an excellent investment in an individual's medical and psychological well-being. Financial considerations should not be an obstacle to obtaining this important health service. Being sensitive to the fact that different people have different needs in fulfilling their financial obligations, we are providing the following payment options.

Payment is expected at the time of service. We accept cash, approved checks, Visa, Master Card, American Express and Discover. If extensive treatment is recommended, we offer no interest and extended payment plans through Care Credit. We will assist our patients in the application process.

We understand dental insurance, and will gladly assist you in obtaining the maximum benefit as specified by your contract. It is important, however, that you are aware of the following:

1. Your dental benefit program is a contract between you, your employer, and the insurance company. We are not a party to that contract. In order to file and estimate your benefits, it is important that you provide us with the necessary information. (Claims address, telephone numbers, group/policy numbers, and benefit information). As a courtesy to you, we will file your primary insurance claims.
2. Not all dental services are a covered benefit in all contracts.
3. You (not the insurance company) are responsible for all of our fees.
4. If your insurance company does not pay your claim within 60 days from the date of service, we will require that you pay the balance in full and have your insurance company pay you directly.
5. For our patients with insurance, we will provide you with an ESTIMATE OF BENEFITS that the primary insurance company is expected to pay. Any co-payment or deductible is expected at the time treatment is rendered.
6. If your insurance company will not pay us directly, you will be responsible for all fees at each appointment.
7. If you have secondary insurance, you are responsible for filling claims and collecting any benefit. We will be glad to assist you.

Our goal is to provide you with quality dental care and personal attention. Your appointment is reserved exclusively for you. In the event that an appointment is cancelled or failed without a 48-hour business notice, a reservation fee may be required to reschedule. The reservation fee will be applied to that appointment only and is non-refundable.

In the event that your account is turned over to collection agency, you are responsible for the balance, and finance charges, as well as all collections and or attorney's fees.

I have read and understand the above information. I have been provided a copy for my records at my request.

Patient Name (Print): \_\_\_\_\_

Responsible Party Name (Print): \_\_\_\_\_

Patient/Responsible Party Signature: \_\_\_\_\_

Date: \_\_\_\_\_