

## **FINANCIAL POLICY**

This statement is to inform you of our financial policy. We are committed to providing you with the highest quality dental care utilizing only the best materials and education available. In our process of doing so, we have formulated a financial policy to continue to produce excellent service to you and minimize our administrative costs.

Payment is due at the time service is provided. Our office accepts cash, personal checks, MasterCard, Visa, American Express, and Discover. Outside financing is available upon request with approved credit.

For those of you with dental insurance, as a courtesy, we will assist you in processing your insurance claims. Although we are willing to complete your insurance transactions on your behalf, we do not accept responsibility for the outcome of the transaction. Your insurance plan is a contract between you, your employer, and the insurance company. Our office if not a party to that and is it important that you understand that this does not eliminate your financial obligation for your treatment. Therefore, an estimated co-payment will be due at the time treatment is rendered.

Insurance payments are received within thirty to sixty days from the time of billing. If your insurance company has not made payment to our office within sixty days, we will ask you to pay the balance due at that time. You will be responsible for seeking reimbursement from your insurance company.

Should your account become delinquent beyond thirty days of you not making your agreed payment, a 1.5% interest fee will be charged.

Returned checks are subject to a collection fee of a minimum of \$50.00.

Charges may be incurred for Failed Appointments as outlined in our Cancellation Policy for Dental Appointments.

If you have any questions regarding our financial policy, please do not hesitate to ask. We are committed to providing you with the most positive experience in dental care.

Patient/Guardian Signature	Date
Patient/Guardian Name	