



Office Financial Policy

Thank you for choosing us for your dental needs. We are providing you with excellent care. Your dental health is our utmost concern. Our convenient financial arrangements are based on an open and honest discussion of recommended treatment options, respective fees and patients' financial capabilities.

Payment:

Payment in full is due at the time of service unless prior financial arrangements are made. We offer several payment options:

- Personal Check, Cash, Visa, MasterCard, and American Express
- Monthly payment plans in accordance with the office credit guidelines

Minors:

Payment for services for the treatment of minors can be made by check, cash or credit card and is the responsibility of the adult accompanying that minor.

Missed Appointments:

Once an appointment has been made, that time is reserved specifically for you. We reserve the right to charge a fee for all canceled or missed appointments without 48- hours notice.

Collection Fees:

Fees incurred to collect payment will be billed to and payable by the patient's account holder.

Insurance:

As a courtesy we will help you process you insurance claim as long as you provide us with the proper insurance information. **We do not accept any insurance payments as payment to the office.**

Financial Consent:

The patient (account holder) agrees to be fully responsible for total payment for treatment performed in this office

I agree that I am fully responsible for the total payment of all procedures performed in this office – I understand that all services are due to be paid in full within thirty (30) days of the date of service, regardless of whether or not my insurance benefits have been received. If I should fail to pay what I owe, the cost of any collection proceedings will be paid by me.

I understand and agree to this Financial Policy and Agreement

Signature of patient / responsible party

date