

Financial Policy

We are committed to providing you with the best possible care and pleased to discuss our services with you at any time. Your clear understanding of our financial policy is important to our professional relationship. Please ask if you have any questions about our fees, financial policies or your responsibilities.

For our patients with dental insurance:

We will be glad to help you obtain the appropriate benefit from your insurance carrier and bill your carrier as a courtesy for you. However, you will be responsible for payment of your *estimated portion of the bill at the time of service* and, ultimately, for the balance of the account.

Upon arrival to our office, we ask that our patients with dental insurance provide to us any and all insurance information that pertains to your dental benefits, including your insurance card, as well as keep us up-to-date with any changes in your address, phone number or employer.

For more information regarding your dental coverage prior to your dental appointments, we'd like to suggest that either you either telephone your insurance company or consult your employee handbook.

For our patients without dental insurance:

Patients without insurance coverage are expected to pay for services as rendered. We do accept VISA, MASTERCARD and DISCOVER payments. For more extensive dental work, please do not hesitate to discuss additional payment options that are available to you with a member of our business staff.

ADDITIONAL TERMS

Checks returned by your bank are subject to a \$25.00 processing charge. Accounts with an unpaid balance past 60 days are subject to a \$6.00 "re-billing" charge. Therefore, we encourage all our patients to take care of their portion of the bill at the time service is rendered.

Please call us in advance if you must reschedule an appointment. When you make an appointment with us, you reserve our time, our facilities and our attention. Appointments cancelled with less than 24 hours notice may be subject to a \$45.00 cancellation charge.

Thank you,

Signature of Patient/Responsible Party

Date