FINANCIAL POLICY



Thank you for choosing us as your dental care provider. We are committed to maintaining high standards of comprehensive dental care. Financial considerations should not be an obstacle to obtaining care. Being sensitive to the fact that people have different needs in fulfilling their financial obligations, we provide the following payment options.

FOR PATIENTS WITHOUT INSURANCE

We ask that you PAY IN FULL the day of service. We accept CASH, CHECK, or CREDIT CARD — MasterCard, Visa, Discover, American Express, and Care Credit. To demonstrate our appreciation we will extend a five percent (5%) reduction of your total fee.

FOR PATIENTS WITH INSURANCE

We are happy to assist you in filing the necessary forms. The insurance relationship constitutes an agreement between the carrier and the patient. We can make no guarantee of estimated coverage for payment. However, be assured we will do everything possible to help you receive the full benefits of your policy. We ask that YOUR CO-PAY BE PAID AT THE TIME OF SERVICE.

MONTHLY PAYMENT PLAN

For balances OVER \$300.00

- 1. Pay one half on the day procedure is started and the balance upon completion.
- 2. To qualified applicants, an Interest Free Plan may be offered by CareCredit. No interest charges are assessed if paid within the specified interest free periods of six(6) or twelve(12) months with no prepayment penalties. Get pre approved at CareCredit.com

I understand that I am ultimately responsible for all charges incurred for dentistry performed upon myself or my dependants in this dental office. Any Insurance Claim not paid in full after 60 days will become my responsibility to pay at that time.

Thank you for trusting us with your dental care and for understanding our Financial Policy. Please feel free to contact our staff if you have any questions regarding the payment options described above. I have read and agree to this financial policy.

DATE:		
SIGNED:		
_	PATIENT OR RESPONSIBLE PARTY	