

Financial Policy Agreement

Payment For Your Dental Care

It is our policy to have a complete discussion of all fees and obligations prior to treatment so there are never any surprises. We will tell you in advance what expectations for payment there will be at each appointment. Understand that regardless of any insurance status, you are responsible for any and all professional services rendered. Our goal is to provide you with the best treatment that meets your goals for dental health. We believe that goal must include providing you with clarity on the cost of your care, as well as providing options for payment when appropriate.

Payment Options

- **FULL PAYMENT for dental services is due at the time of treatment**

We accept the following payment methods: cash, check, credit card, or debit card. We accept most major credit cards. Returned checks will incur a \$50 service charge.

- **Prepayment Discount**

For those who choose to pay for treatment greater than \$1000 at the time of scheduling, we offer a 5% prepayment courtesy. This courtesy does **not** apply for payments using Care Credit.

- **Third Party Financing**

As an added service, we have formed a relationship with a third party financing company called Care Credit. With Care Credit, you may reduce your dental costs into monthly payments at **0% interest** for up to 12 months. In addition, there is an option to extend payments beyond twelve months for a reasonable monthly interest rate.

- **For Those With Dental Benefits**

We are always happy to assist you in understanding and maximizing all benefits that may reduce your out of pocket investment. Although we are an out-of-network provider, we will attempt to help our patients reach the maximum benefit from their plan. As a courtesy, we may prepare and submit all necessary forms to your dental benefit administrator. We will set up reimbursements to be sent directly to you. Please remember that your insurance policy is a contract between you and your insurance company. We are not party to that contract. It is up to you to contact your insurance company and inquire as to what benefits your employer has purchased for you. Please be aware that some or perhaps all of the services provided may or may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays any portion.

- **Missed / Broken Appointments / Cancellation Policy**

Unless we receive notice of cancellation *48 hours in advance*, you will be charged 50% of scheduled treatment. Please help us serve you better by keeping scheduled appointments.

- **Refund Policy**

Refunds for prepayment credit may be requested if treatment is canceled or delayed significantly. Any approved refunds will be made to you by check within 10 to 14 business days of request.

I understand and agree to the above conditions and authorize the release of any dental information necessary to process claims to dental benefit administrators when appropriate.

Patient, Parent, or Guardian Signature

Date

Patient Name (Please Print)

