

FINANCIAL POLICY

In order to provide you with the highest quality dental care on a sound business basis, we provide our patients with an estimate of fees and arrange for a payment schedule. By establishing a clearly defined method of payment, we hope to eliminate confusion, simplify insurance claims, and provide more thorough coverage for our patients. So that we will both have a definite understanding, please select the plan that is most appropriate for your budget.

1. 5% Accounting Reduction

A 5% accounting reduction will be extended to our patients when fees in excess of \$350.00 are paid, with cash or check, prior to scheduling treatment.

2. Major Credit Card

We accept Visa, MasterCard, Discover, or American Express

3. Extended Payment Plan - Health Care Credit Card

Extended low monthly payments (3.25% of patient's outstanding balance) based on credit approval.

4. 50% in Advance of Scheduling Treatment and

the remainder on the day of treatment prior to beginning.

For our patients with dental insurance, our professional services are rendered to you, not to your insurance company. Therefore, you are directly responsible to us for payment of treatment. We will do our utmost to help you receive the maximum benefits to which you are entitled.

The insurance estimates we give you are based on limited information obtained from your insurance company. We will allow 60 days for your insurance company to make payment. After this time, all inquires or follow-ups on payments due become your responsibility.

We realize that emergencies can occur. Should an unforeseen situation prevent you from keeping a pre-arranged appointment, please contact our office to avoid the possibility of a misunderstanding, and a \$50.00 broken appointment fee.

There will be a \$50.00 charge on all returned checks.

Signature: _____

Date: _____