

FINANCIAL POLICY

We are committed to providing you with the best possible care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship.

- **Payment is due at time of service**
- **We accept Cash, Checks (returned checks \$15), MasterCard, Visa, Discover, And American Express**
- **Care Credit Financial payment plans are available (6 Mo Interest Free options or Extended Terms with Interest)**

FINANCIAL ARRANGEMENTS

Patient's portion due may vary if insurance plans is being used to assist in paying for treatment. Financial arrangements can be made with the business office before treatment begins for those patients interested in our interest free payment plans that we think is suitable for the office as well as the patient.

UNACCOMPANIED MINORS

Proposed treatment sometimes changes during the procedure due to the needs of the tooth. To assure quality care of the patient, it may be necessary to proceed without the consent of the parent or the guardian if they have left the facility. The parent or guardian is responsible for payment the day of treatment, and will be financially responsible for the necessary changes in minor's treatment.

****INSURANCE IS A CONTRACT BETWEEN YOU, YOUR EMPLOYER, AND YOUR INSURANCE COMPANY****

We can submit to most insurance companies, as long as your plan allows you to come to the dentists in this practice. As a courtesy to our patients we will submit claims for you and will accept 3rd party payment from insurance company. We will assist you in receiving the maximum insurance benefits available per your plan for your procedure(s). *We do request payment of any treatment or percentage of treatment estimated to not be covered by insurance the day of treatment.*

If your insurance company has not paid their portion to the practice, the full balance will be your responsibility.

LATE ACCOUNTS

Balances due for 30 days will be considered delinquent. Over due balances are subject to 1.5% interest per month (18% per annum). We reserve the right to forward accounts which are delinquent to an independent service for collection.

Patient's Signature _____ Date _____

Signature (Parent/Guardian if signing for a minor): _____