



OUR FINANCIAL POLICY

Thank you for choosing us as your dental care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy that we require you to read and sign prior to any treatment.

FULL PAYMENT IS DUE AT THE TIME OF APPOINTMENT SCHEDULING. WE ACCEPT CASH, CHECKS OR VISA/MASTERCARD AND CARECREDIT.

Regarding Insurance:

We accept assignment of insurance benefits; however, we do require your co-pay to be paid in full at time of scheduling appointment for treatment.

YOUR INSURANCE POLICY IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY. WE ARE NOT A PARTY TO THAT CONTRACT. We will ASSIST you in dealing with your insurance. We will estimate as closely as possible your coverage, but until we actually receive payment from the insurance company, it is only an estimate. If your insurance company has not paid your account in full within 45 days, **the balance is your responsibility.** Please be aware that some, and perhaps all, of the services provided may be **non-covered services** and not considered reasonable and necessary under your insurance plan. Our recommended treatment for you is based on your dental needs and not what your insurance company is going to pay or not pay for your services. We make every effort to provide your insurance company with all necessary information so you can receive any and all benefits available.

USUAL AND CUSTOMARY RATES

Our practice is committed to provide the best treatment for our patients and we charge what is usual and customary for our area. If you participate with a specific insurance program that we accept you will be billed according to that plans specific fee schedule. **You are responsible for**

BROKEN APPOINTMENT

We have reserved your allotted appointment for you and do understand circumstances arise. If there is a need to cancel your appointment(s) we require a 24 hour notice. **If a 24 hour notice has not been made there will be a \$40 charged for your broken appointment(s).**

ADULTS AND MINOR PATIENTS

Adult patients are responsible for full payment at time of scheduling the recommended service. The responsibility for minors rests with the accompanying adult.

BEHAVIOR MANAGEMENT

The treatment of children requires that they are fully cooperative during all phases of treatment. If at any time during therapy a child becomes uncooperative which requires patient-specific (special) care there will be an additional charge for behavior management.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party

Date