

OUR FINANCIAL POLICY

FEES:

Your initial dental examination will include diagnosis and documentation of your specific dental needs. This will be presented to you in a written treatment plan. This will show indicated treatment, proposed sequencing appointments and specific fees. Any circumstances requiring additional procedures, extra diagnostic appointments or any visits other than during normal office hours are subject to additional charges. **A \$25 charge may be assessed for failure to show for a scheduled appointment without 48 hour notification. A \$25 service fee will be assessed on all returned checks.**

DENTAL INSURANCE:

Your insurance is a contract between you, your employer and your insurance carrier. We are not a party to this contract. Please be aware that some, and perhaps all, of the services provided may be non-covered in your contract. Our practice is committed to providing you with the best treatment possible for your dental health, not “just doing what insurance will pay for”. “Usual and customary rates” is an insurance company term for benefits allowed in your plan. **YOU are responsible for payment regardless of any insurance company’s arbitrary determination of usual and customary rates. Any questions about insurance information should be discussed with our practice administrator BEFORE treatment has begun.** She will be more than happy to help you understand how insurance works to the best of her ability, however, it is ultimately **your responsibility** to know your own insurance policy. Your signature on this contract authorizes the release of any information necessary to process dental insurance on your behalf and payment to be released directly to our office.

METHOD OF PAYMENT:

Payment is due and payable in its entirety at the time service is rendered. Patients with dental insurance will be charged that percentage of the total fee submitted to their insurance company which the carrier does not cover at the time services are rendered. Fees not covered by insurance will be charged to the patient in full. If additional visits are required in your treatment plan, your options are payment in full on your initial visit or payment per visit as each stage of treatment is completed. **We accept cash, money orders, check and most major credit cards (Visa, MC, Discover, and American Express).** We will help arrange financing if desired. This allows patients to extend their payments over a choice of 3 or 6 months at 0% financing.

AGREEMENT:

As a patient or legal guardian of a minor, I agree to be present for treatment. And to pay for all services rendered in accordance with the terms and conditions set forth in this financial policy. **In the event that the account is turned over for collections I will be responsible for all collections fees, attorney fees and court costs.**

Date

Patient or Guardian Signature