

Our Financial Policy

Thank you for choosing us as your dental care provider. As part of our service, we try to contain the ever-rising cost of dental care. We are committed to your treatment being successful and to providing the highest quality dental services at a reasonable fee. Please understand that payment of your bill is considered a part of your treatment.

Patient / Insurance Information

We ask that a Patient Information and Health History Form be completed or updated before seeing the dentist to ensure proper treatment and billing.

~Insured Patients:

As a courtesy to our patients, we prepare and process all insurance forms. However, if a claim has not been paid within 60 days, we ask that you pay the balance using one of the following methods of payment.

*Please help us **hold down the costs** of dental care **by paying for your portion of services at the time of each visit** which could include copayment, deductible, percentage or non-covered benefits depending on your insurance plan requirements.*

~Non-Insured Patients:

If there is no insurance coverage, full payment is due at time of service or financial arrangements must be made prior to treatment.

Payment Options

Our financial policy is designed to give you a number of payment options to choose from in order to make your dental care payment as easy as possible. For your convenience, you may choose any of the following **methods of payment**:

- ❖ Cash
- ❖ Personal Check (postdated if necessary)
- ❖ MasterCard, Visa or Discover
- ❖ Debit Card
- ❖ Pre-approved extended payment plan -- short term plans available with no interest

Minor Patients

The adult accompanying a minor and the parents (or guardian) is responsible for full payment. Parents must be present for all dental care authorization to minors.

Missed Appointments

Please help us serve you better by keeping scheduled appointments. Kindly notify us at least 24 hours in advance if you must cancel or reschedule an appointment.

Financial Agreement

I understand that I am financially responsible for all charges incurred by my dependents, or myself whether or not covered by insurance.

Patient/Responsible Party

Date