



Financial Policy

Welcome! Thank you for selecting us as your dental health care provider. Our goal is to provide you and your family with optimal dental care. We want you to feel welcome and as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions. This includes understanding your treatment plan as well as our financial policy.

FINANCIAL AGREEMENT:

Patients are expected to pay for our services at the time they are rendered. Our patients who have dental insurance are expected to pay the amount of their estimated co-pay and deductible at the time of service. Payments may be made using cash, check, Visa, Mastercard and/or Discover. We also offer CARECREDIT, which is a financing option that is available only for healthcare expenses. We will mail monthly statements to all patients with an outstanding balance charge of 18% per annum after 90 days.

Optional payment terms:

1. Full pay cash discount: We offer a 5% accounting courtesy for all services over \$500 that is paid in full prior to the commencement of services.
2. Term Loan: By arrangements with CARECREDIT, we can offer patients upon approval, an interest-free loan (up to 12 months) with no down payment, no annual fee and no prepayment penalty. Ask for an application.

APPOINTMENTS:

In order to serve you better and keep the cost of dental care down, we try to maintain an efficient appointment system. However, our cost of providing care increases greatly when people fail to keep scheduled appointments or cancel at the last minute. We require at least 24 hour notice for any cancelled appointment. After 3 missed appointments or cancelled appointments we will place you on a short call list, which means we will phone you when an appointment time becomes available on short notice. This gives you the opportunity to know if your busy schedule has an opening for a dental appointment within the next few hours.

INSURANCE INFORMATION:

As a courtesy to our insured patients, we submit claims to your insurance company free of charge. We will help you to receive your maximum allowable benefits. In order to do this we need your insurance card and/or insurance policy with you on your first visit of every calendar year (your insurance year may not run January-December)

If your insurance has not paid within 90 days of services rendered, you will need to make full payment to this office. You will be reimbursed when your insurance company pays. After 90 days the patient is responsible to pursue payment from the insurance company. All current documentation will be provided by mail in order to assist your inquiries. **The insured has a better ability to deal with the insurance company and the employer responsible for the policy.**

Please indicate your understanding and acceptance of these financial policies by signing below. For the mutual convenience of you and the practice, it is understood that this executed copy of the Financial Policy also shall cover your dependent children who are patients of this practice.

Patient's Name (please print)

Date

Patient's Signature