

## FINANCIAL POLICY

All patients must complete a patient registration form, a health history form and the HIPPA form before seeing the doctor or hygienist.

### PAYMENTS

- We accept cash, checks, Visa, MasterCard and CareCredit.
- Full payment is due at the time of service for patients without a dental plan, unless otherwise specified.
- Insurance deductibles and co-payments are due in full at the time of service.

### PATIENTS WITH A DENTAL PLAN

We ask that you provide us with all of your insurance information prior to your first appointment. Your dental plan may or may not include benefits for services rendered in this office. The benefits you receive are in accordance with your dental plan agreement, which is determined by either your employer or yourself.

Please understand your dental plan is a contract between you and your carrier. You, the patient, are responsible for all the services rendered and the balance of what your dental plan does not cover. We are happy to assist you in obtaining the allowable benefits and to process the required forms at no charge despite time necessary to do so. Claims uncollectible after five months will become the responsibility of the patient and payable in full. If you have 2 insurance policies, a primary and a secondary, we will submit to the primary first and then to the secondary after we receive a statement from the primary insurance company.

### COPAYMENTS

When we collect co-payments, we are estimating your amount due at the time of service. We try to estimate as close as possible in order for you not to make any additional payment. However, sometimes our estimates leave a balance, in which case we will be sending you a bill for the difference. It is not our intention to have you pay any more than you would owe. Also, we sometimes under estimate, therefore, we will owe you a refund.

### MAJOR SERVICES

All fees for major services will be discussed prior to treatment, but may be subject to change at the time of your appointment. A contract will be mailed prior to your appointment with detailed treatment explanation; your dental plan estimate and your fees are due at the time services are rendered. The contract needs to be mailed back to us or brought to your appointment signed before any service is rendered.

### MISSED APPOINTMENTS

Charges will not be applied for cancelled appointments with a 48-hour notice. Help us serve you better by keeping your scheduled appointments. Please Note: If you are more than 15 minutes late for your appointment, we will need to reschedule. We require an adult to accompany all children under the age of 18.

### FINANCIAL

- A financial charge of \$5.00 will be included on statements overdue by 30 days with a balance less than \$300. A 1.50% financial charge will be included for any balance of \$300 or more on statements overdue by 30 days.
- Any expense incurred for returned checks will become your responsibility and will be added to your account balance.

We encourage you to discuss any financial concerns that you may have so that we may assist you in the effective management of your account.

I have read, understand and agree to the financial policy described above.

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Signature of Patient, Parent or Guardian

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Date