

Our Financial Policy

Thank you for choosing us as your dental 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, which we require you read and sign prior to any treatment.

All patients must complete our information and Insurance form before seeing the dentist.

FULL PAYMENT IS DUE AT TIME OF SERVICE.
WE ACCEPT CASH, CHECKS, VISA/MASTERCARD, AND CARE CREDIT.

Regarding Indemnity Insurance

We may accept assignment of insurance benefits. The balance is your responsibility whether your insurance company pays or not. We cannot bill your insurance company unless you give us all of your necessary information. You should know that your policy is a contract between you and your insurance company. We are not a party to that contract. In the event we do accept assignment of benefits we may require that you be preapproved with Dental Care Credit or provide a credit card with authorization to bill that account for the balance. If your insurance company has not paid your account in full within 90 days, the balance will be automatically transferred to your credit card or the Dental Care Credit. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under some dental insurances.

All co-pays and deductibles are due at time of treatment.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's determination of usual and customary rates.

Minor Patients

The adults accompanying a minor and the parents (or guardians of minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized by Visa, MasterCard, or payment by cash or check at time of service has been verified.

Missed Appointments

Your scheduled appointment is time reserved specifically for you. ***Unless canceled, at least 24 hours in advance***, our policy is to charge a minimum of \$25 for missed appointments, or a fee equivalent to the time reserved for you at each missed appointment. Please help us serve you better by keeping scheduled appointments.

Re-Billing Charge

Payment is due at time of services. Any balances remaining after insurance has completed their payment will be billed to the patient by statement. As a courtesy we will send the first statement free of charge. Any balances that require additional statements will be subject to a \$10.00 re-billing fee for each additional statement.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read the above Financial Policy and both understand and agree to it.

X _____ Date _____

Signature of Patient or Responsible Party