

OFFICE FINANCIAL POLICY

Thank you for choosing us to provide your dental care. We are committed to providing you with excellent care, and timely payment of fees allows us to devote more time and effort to caring for you and your smile. Our Financial Policy is based on an open and honest discussion of our fees. Please read, sign and return this agreement.

Payment in full is due at the time of service. We offer the following options of payment for treatment provided:

1. We accept Cash, Checks, Debit, Visa, Mastercard, Discover and American Express.
2. A 5% discount for pre-payment (i.e. payment 24 hours or more before the day of service) of treatment. If: A. Insured patient assumes full responsibility for insurance claim (i.e. pays the entire fee and is then reimbursed directly by the insurance company). Otherwise, the 5% pre-payment discount will be applied based on the patient's estimated portion and not to the entire fee. B. Patient has no insurance.
3. If you have insurance, your estimated patient portion is **due at the time of service**.
4. A 10% discount for Seniors (age 65+), or for Active/Retired Military Personnel and their immediate family members who do not have insurance (Military families must present proof of service).
5. A 5% discount for payments in Cash or Check. (Bounced Checks: Patients will be charged for the bounced check fee of \$25, as well as have the 5% discount rescinded.)

Insurance: As a service to our patients, we will bill your insurance company. Your insurance policy is a contract between you and your insurance company. As a health care provider, we are not party to that agreement. Insurance policies vary, and services rendered may not be covered.

Our practice philosophy is to provide you with the best possible care. If your insurance does not cover all or part of treatment provided, you will be responsible for payment of fees not reimbursed by insurance. Our office is committed to helping our patients maximize their benefits and will work with you to achieve maximum benefit from your coverage. We are always available to answer your questions.

Missed Appointment: *The policy of this office is to charge for missed appointments (\$44 per hour scheduled).* This fee is to help defray the cost of the professional team that was assembled and ready to care for you. An appointment is considered "**missed**" if you do not show up for your appointment, or if you cancel your appointment with less than ***two business days notice***. Please note that our office is typically closed on Friday. Therefore, cancellations for Monday should be made before noon Thursday.

Once an appointment has been made, this time is reserved specifically for you. Keeping your scheduled appointments enables us to better serve your needs.

Financial Consent: The patient (or legal guardian) agrees to be fully responsible for payment of treatment provided by this office.

I understand and accept the above Financial Policy.

Signature of patient/legal guardian

Date