



Thank you for choosing our office to provide your dental care. We appreciate your trust and look forward to working with you. In order to prevent any misunderstanding and to better serve you, we ask that all patients read and sign our **FINANCIAL POLICY**. If you have any questions, please ask the front desk. By providing your signature, this indicates that you have read, fully understand and fully agree to our policies.

***PAYMENT / INSURANCE:*** Payment is due at the time of service.

We accept Cash, Visa, MasterCard, Discover and Checks. We are happy to file all Primary Dental claims, for you to receive the full insurance reimbursement. Insurance benefits will be paid as a reimbursement to you directly from your insurance provider. If needed, we will gladly assist you in obtaining third party patient financing through our partnership with CareCredit and Lending Club. Through these partnerships we can offer convenient monthly payment options, no up-front costs, no prepayment penalties or annual fees. With Care Credit and Lending Club, our office offers the following: 6 months no interest for treatment plan \$250 - \$1000, 12 months no interest plan for treatment plan over \$1000 - \$5000, or 18 months no interest plan for any treatment over \$5000.

***BALANCES:*** If your account balance exceeds 30 days, you will receive a notice informing you that your account is overdue. If you do not pay your balance or arrange a payment plan within 15 days, your account will be turned over to a collections agency. If this happens, a collection fee (currently 39% of the balance) will be added to your account balance. The collection agency will report any unpaid balance to the major credit bureaus.

***RETURNED CHECKS:*** A \$50 returned check fee will be assessed to all returned checks and no future checks can be received as payment.

***APPOINTMENT POLICY:*** An appointment in our schedule is a bond of trust that we will be here to serve you and you will be present for treatment. We strive to create a schedule that most efficiently provides for the dental needs of all of the patients we serve. Please arrive on-time to your scheduled appointment. Late arrivals cause schedule delays for those patients who arrive promptly at their appointment time. Late arrivals will be worked into the schedule if time allows or re-appointed to another day. Our office policy is firm in this regard.

***CANCELLATIONS/FAILED APPOINTMENTS:*** We request 48-hours notice if you are canceling an appointment. **After the first cancelled or failed appointment** (without proper notice), a \$50 cancellation fee will be assessed. **For operative and surgical appointments missed**, a fee of 10% of the total case fee will be added to your treatment. Any change of Treatment Plan also must give 48 hour notice. If notice is not given, a \$250 fee will go towards your (new) total treatment fee. When you give us 48-hour notice, your reserved time can be made available for another patient. When patients do not show for their appointment, rebook for a shorter service, or do not give us adequate cancellation notice, we are not given the opportunity to reschedule that time with another patient who has a true dental need.

We welcome you to our practice and look forward to helping you establish a healthy, beautiful smile. If there is anything we can do to make your visit here more pleasant, please don't hesitate to ask one of our team members.

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Patient Signature \_\_\_\_\_