

## FINANCIAL POLICY

Our office wants all of our patients to be able to comfortably afford dental care. We proudly offer the following policy so that you can have the opportunity to decide which payment option best suits your needs.

### **Insurance:**

Our office understands the value of insurance benefits to our patients and will gladly work with you to help get the maximum benefit available to you. We will **estimate** your deductible and the portion that is covered by your insurance carrier. The amount that we have determined not to be covered by the carrier is due at the time of treatment and may be paid by any of the options listed below. **Our estimates are subject to final approval by your insurance company and could therefore change the amount due to our office.**

### **Payment Options:**

1. Prepayment of treatment in full using cash or check.
2. Credit Cards- Our office accepts American Express, Discover, Visa, or MasterCard.
3. Financing. Upon qualifying you will be extended a line of credit by an outside financing company. The qualification process is simple and can usually be completed within 10 to 20 minutes.

Returned checks and balances older than 60 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually), late fees and any other cost that may be incurred to enforce collection of any amount outstanding.

Due to the popularity of our state-of-the art dental office our appointment times have become extremely treasured. Our time, as well as our patients' time is respected. Therefore, we reserve the right to charge for appointments cancelled or broken without 24 hours advance notice at the rate of \$25.00 per an hour scheduled. Any appointment scheduled for you that may take 3 hours or longer will be charged at the rate of \$100 per an hour.

We would be happy to work with you to plan out the most appropriate arrangements for your budget. Financing your treatment allows you to start your dental care immediately and spread the payments over a period of time. Most importantly, it offers you the opportunity to enjoy the benefits of your dental health without the financial strain. We are committed to providing you with the most positive experience in dental care.

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date

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