

## Financial Policy

Our office offers the following payment options so that our patients can choose which option best suits their needs:

**Dental Insurance:** Our office will gladly work with you to help you get the maximum benefit available to you. Most dental insurance plans do not cover 100% of your cost of treatment. Therefore, you will be asked to **pay your deductible and your co-payment for the charges on the day the service is rendered.** We will gladly estimate your coverage; however, many variables exist from carrier to carrier. With your insurance being an agreement between you and the insurance company, you are responsible for all charges.

If your insurance company has not paid their portion within 60 days from the start of your treatment, you are responsible for payment at that time.

**Payment Options:** Patients are responsible for their charges at the time the service is provided. We accept all major credit/debit cards (Visa, Master Card, Discover, Amex) cash and checks.

**Care Credit:** We are happy to offer our patients, upon application approval, a monthly payment plan through Care Credit. Our staff will gladly assist you in the application process. There are several interest-free payment plans to choose from and some extended payment plans with small interest rates offered as well. Please feel free to request more information about this option.

**Implants and Surgeries:** Pre-payment basis only and must be paid in full the day before the surgery.

I understand I am responsible for my account regardless of my insurance. I understand that my insurance is an agreement between me and my insurance company. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize release of information to secure payment of benefits. I authorize the use of this signature on all insurance claims.

For any returned check, a \$30.00 charge will be added to the account.

If your balance becomes 30 days or more overdue, our office reserves the right to refuse appointments and send your account to collections. In the event your account is sent to collections, you will be responsible for all costs and fees, including attorney fees.

Our front office staff is available to answer any of your concerns and questions regarding billing, insurance coverage and cost of service over the phone and in person during regular business hours.

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Signature of patient

Date

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Signature of parent/guardian (if a minor)

Date