

# Financial and Cancellation Policy

## Financial and Cancellation Policy

### Financial and Cancellation Policy:

- Your diagnosis and treatment plan is individually tailored to you and your oral and health care needs.
- We do not recommend treatment options based on allowances or limitations of a third-party payer. Alternative options may be possible and can be discussed.
- Payment are due in full at the time service. If you have dental benefits, co-payment is due on the day of service
- For your convenience, we offer the following payment options
  - Cash, Check, Visa, Mastercard, Discover and American Express, debit card
  - HSA(Health Savings Account)
  - FSA (Flexible Spending Account)
  - Deferred interest financing through Care Credit or iCredit Works. This is subject to credit approval through application. Please ask our office team for information.
- The parent of guardian of minor children listed as Responsible party will be responsible for payment.
- If there is a guardianship or Power of Attorney in place, please provide the documentation for proper billing.
- A finance charge of 1.5% monthly or 18% annually will be added to any unpaid balance over 30 days if no dental plan benefit is pending.
- Checks returned for non-payment from your financial institution will be subject to a \$30 return check fee.
- Your dental appointments are scheduled with respect to your time and ours. We request 2 business days notice for rescheduling your appointment. Your account will be charged a missed appointment fee of \$40 for repeatedly missed appointments without proper notification. The first missed appointment fee is waived as a courtesy, as we understand that last minute emergencies do arise.
- We reserve the right to require a non-refundable reservations deposit to reschedule patients who do not keep their appointment times without proper notification. The deposit will be applied to treatment fees when the appointment is kept and completed.
- Unpaid balances over 90 days may be referred to our collection agency with documentation. It is our desire to avoid this whenever possible. Please contact us with any changes in your financial circumstances so we can work together on a financial arrangement. We will do our best to work with you to meet your needs and ours.

### For patients with Dental insurance ( 3rd party payer)

- It is your responsibility to provide the office with your current dental benefit information so we are able to submit your claims accurately for prompt payment.
- As a courtesy we will submit dental claims on your behalf.
- Submission of claims on your behalf is not a guarantee of payment.
- Your claim will be filed immediately, and benefits are usually paid within 30 days. If the claim is not paid by your benefits provider in 60 days, the unpaid portion may become your responsibility.
- You are responsible for any amounts your insurance company chooses not to pay. Please feel free to contact your benefits provider regarding unpaid benefits you feel are in error.
- Any payments made directly to you by your benefits provider should be paid immediately to our office so that your account may be credited accordingly. The insurance company will disclose to our team if the payment was issued to you. A finance charge will be applied if your account is not paid in full within 30 days of your services.
- Our team is trained in helping you with questions you may have relating to how your claim was filed and additional information your carrier may need to process your claim. Please ask if you have any questions.

By signing this document, you are agreeing to the financial and cancellation policy above:

Signature of patient (Parent or guardian if minor) \*

Clear



Date

