

## **Financial Policy**

Our primary goal is to deliver the finest and most comprehensive dental care services available today. We look forward to caring for you dental health and establishing a long lasting professional relationship. Payment is expected for all treatment rendered, so take a moment to look over the types of payment we accept.

### **Payment Options:**

1. Cash: a 5 % professional courtesy is given for treatment over \$1,000 that is paid in full prior to date.
2. Personal or cashier's check
3. Visa & Mastercard

### **Insurance:**

We will be happy to send in your insurance forms and answer questions you have regarding coverage. Realize submission to your insurance company is not a guarantee of payment. Any balance your insurance company does not cover within 60 days of treatment will be your responsibility.

### **Patient Responsibilities:**

Patients are fully responsible for the total payment of all procedures performed in this office. This includes any treatment that is not a benefit of any dental insurance that you may have. Payments for all services are due payable at the time services are rendered, regardless of whether or not their insurance benefits have been received. 1.5% interest per month interest (18% per year) will be charged on past due accounts 60 days from treatment date.

### **Missed Appointments:**

Once an appointment has been made, we require you give us 48 hours notice if you must cancel or reschedule your appointment, otherwise, a cancellation fee of \$75 is charged for a missed appointment.

### **Financial Consent:**

The patient, or guardian, agrees to be fully responsible for total payment of treatment performed in this office. I have read, understand and agree to this Financial Policy.

X \_\_\_\_\_  
Patient/Parent or Guardian Signature

X \_\_\_\_\_  
Date