



Financial Policy

Thank you for choosing Cartwright Dental as your dental home. We are committed to providing you with the highest quality dental care so that you may fully attain optimum oral health. We believe in honesty and treating you like our family. The following is a statement of our financial policy, which we require that you read, agree to, and sign prior to **any** treatment.

Payment is due at the time service is provided. We offer many different payment options besides cash, personal checks, Visa, Mastercard, and Discover. Ask us about payment plan options.

Any appointment cancelled with less than a 24-hour notice may incur a \$50.00. This allows us time to serve the community's needs.

As a courtesy, we will process your insurance claims and fight for coverage of optimal treatment. We will provide an estimate for any treatment, but it is not a guarantee of payment by your insurance company. Your insurance plan is a contract between you, your employer, and the insurance company. Our office is not a party to the contract. The office has no control of how your insurance company pays your claim.

Any and all charges incurred are your responsibility, regardless of your insurance companies' reimbursement is.

Insurance claims are usually received within 30 days after submission. If your insurance has not provided payment for your services within 30 days, you will be billed for the remaining balance. In the event the insurance does reimburse after the 30 days and you have paid for your dental care, then we are happy to issue a refund check!

If it becomes necessary, you will be responsible for any collection/legal fees incurred while trying to collect a past due balance.

I have read, understand, and agree to the above terms and conditions.

Signature of patient, parent, or guardian of minor:

Signature _____

Date _____