

OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

We accept cash, personal checks, Visa, Mastercard, Discover and American Express. We also provide payment plans under Care Credit Inc. (If interested, please inquire at front desk.)

Please note we do our best to estimate your co payment as close as possible which is due at the time of service. There will be accurances when we may over/under estimate.

REGARDING INSURANCE

Our office will submit dental claims to your insurance company as a courtesy to our patients. Your insurance policy is a contract between you and your company. We are not a party to that contract. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. In the event that the your insurance Co. deems your treatment was not necessary you are still responsible for payment in full. If you are unable to prove you have insurance, you are responsible for payment in full at the time of service. Our office will give you a detailed bill to submit to your insurance company.

We cannot bill your insurance company unless you give us your complete dental insurance information

PLEASE NOTE THAT ALL DEDUCTIBLES AND CO-INSURANCE ARE DUE AT THE TIME OF TREATMENT.

Please be aware that some, and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary according to the dental insurance company's advisory board. In the event that this should happen the patient is responsible for payment in full for services completed.

The parents (or guardians) accompanying minors are responsible for full payment at time of treatment unless proof of insurance is provided for the minor. All the deductibles and co-payments must be paid at time of treatment by the accompanying adults.

MISSED APPOINTMENTS

Unless canceled, at least 24 hours in advance, our policy is to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments.

I HAVE READ, UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY.

Signature of patient or responsible party

Date