



Office and Financial Policy

Our mission is to deliver the finest, most cost-effective health care treatment available.

Following a thorough assessment and diagnosis of your current dental needs, the doctor will recommend a customized treatment plan to restore your mouth to full health, and to ensure your optimal function and appearance. Our financial coordinator will provide you with the costs of your proposed treatment, as well as estimating what your out-of-pockets costs will be, after maximizing your dental insurance benefits.

Payment is due at the time services are rendered. For your convenience we accept cash, personal check, Visa, MasterCard and Discover. To make your treatment affordable, our office partners with Care Credit to offer short-term no-interest payment options. Our financial coordinator will thoroughly review payment plans with you before you begin treatment.

Insurance benefits are determined by your employer and not your dentist. Any deductible or estimated co-payment amount will be due at the time of treatment. Our financial coordinators do their best to estimate your insurance benefits, but we cannot guarantee coverage. If you have any questions regarding what your insurance will cover, please contact your employer and/or insurance company directly. Insurance is not a guarantee of payment and insurance companies may not pay for all your costs.

As a courtesy, we are happy to file your claim for you, as long as you have provided us with complete and accurate insurance information in advance. **You will be expected to pay in full for services rendered if our office is unable to verify your insurance information prior to your appointment.** If payment for services already rendered has not been paid within 90 days, either by you or your insurance company, you are responsible for paying the remaining balance immediately.

We reserve your appointment time exclusively for you. We consider your appointment confirmed once you schedule it with us. If you need to change your appointment time, we require **TWO BUSINESS DAYS NOTICE**, so we can offer your time slot to another patient. Please be aware that our team prepares thoroughly in advance for each patient visit, so that we can provide you with the highest level of care.

Please advise us immediately if your phone number and/or address changes. We try our best to contact you in advance regarding your upcoming appointments. If you have missed previous appointments and we cannot reach you, we may take your appointment off our schedule.

Any accounts overdue for patient payment in excess of 30 days are subject to an interest fee of 18% per year. An additional billing fee of \$5.00 may be assessed on account payments not paid at time of service, and/or for each month still owed. A minimum returned check fee of \$50 will be added to your account balance for any checks returned to us as non-sufficient funds (NSF).

I have read and understand this financial policy.

Printed Name

Signature

Date