

Financial and Cancellation Policy

Thank you for selecting us as your dental care provider. We are committed to the highest level of quality, preventive treatment. Please understand that the payment for services rendered is part of your treatment. Outlined below is our financial policy. Please read it carefully and sign before being seen by the doctor.

1. Full payment is due at the time of service.
2. We accept cash, checks, Debit card, Visa/MasterCard, Discover and American Express.
3. If you have dental insurance, you are expected to pay your estimated portion, all co-pays, or deductibles at the time of service.
4. With prior arrangements, we offer an extended payment plan through CareCredit.

Our practice is committed to providing the best treatment for our patients, based on a diagnosis of what is needed to save and prevent further loss or damage to your gums or teeth. We charge you fees that are usual and customary for our area. Our diagnosis will not be based on what your insurance company will cover, the amount of money you have left on your deductible, or how economical the treatment will be. Again, it will be based on what is in the best interests of your dental and health care. Regardless of any insurance company's arbitrary determination of what usual and customary is, you are responsible for payment.

We will accept assignment of insurance benefits. You will be expected to pay your estimated portion of the fee for treatment. Be aware that this is only an estimate. The actual amount could vary depending on what your insurance will cover or unexpected changes of treatment. You are ultimately responsible for any balance for services rendered. We cannot bill your insurance company unless you give us your insurance information. This information must be provided before treatment begins. Your insurance policy is a contract between your employer and your insurance company. We are not a party to that agreement. Until your insurance company has paid their portion of services rendered, the unpaid balance will show on your monthly statement.

If financial arrangements are made for an extended payments plan, you are expected to adhere to this agreement strictly. Any balance that is more than 60 days overdue will be charged 10% APR. To prevent finance or rebilling charges, we ask that you comply with your original financial agreement. This will eliminate all of the extra time for processing, the embarrassments and the awkwardness of collecting services rendered. If your account becomes delinquent for more than 60 days and you are in need of additional treatment, full payment must be made prior to the time of service.

In order to provide quality preventive care for our patients, it is extremely important that you show up for your scheduled appointment. Not only are we unable to adequately care for you when you break your appointments, we are also unable to care for patients who could have been scheduled at that time. Our office requires a 48 hour notice if you are unable to keep a scheduled appointment. There is a missed/cancellation fee for hygiene appointments and for missed doctor appointments.

Patient Signature: _____

Date: _____

Parent/Guardian: _____

Relationship: _____