

Effective date of notice: February 1, 2016

Office Financial Policy

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Financial Policy

Payment is due in full at the time of service using cash or credit card. We accept MasterCard, Visa, bank debit card and Care Credit Financing. Please address any financial/insurance concerns or questions prior to your treatment.

As a courtesy to our patients with dental insurance, we will assist you to determine your dental benefits. A completed dental insurance form or a copy of your current dental card is required. We will gladly assist you in receiving the maximum benefits provided by your dental carrier; however, you will ultimately be responsible for all fees for services provided. Any benefit estimate given is not a guarantee of actual insurance payments. All balances not paid by your insurance are due within 30 days from service date performed.

All accounts that have overdue balances over 30 days will be assessed an 18% APR, a minimum \$25.00 billing fee, and may be subject to referral for collection proceedings. If sent to collections, additional fees will be added to your account.

Agreement

I understand the recommended treatment for my conditions, the risks of such treatment, any alternatives and their risks as well as the consequences of doing nothing. All fee(s) have been explained and I understand all services performed are based upon the doctors recommendations and standard of care. The office only provides an estimation of payment from insurance and will not guarantee any payments until insurance is finalized.

All of my questions have been answered and I have not been given any guarantees. By signing this form, I confirm that I have read and understand the office policies.

Patient (Guardian) Signature