



## FINANCIAL POLICY FOR OUR PATIENTS

Our office wants all of our patients to be able to comfortably afford dental care. We proudly offer the following financial policy so that you can have the opportunity to decide which payment option best suits your needs.

### INSURANCE

Our office understands the value of insurance benefits to our patients and will gladly work with you to help get the maximum benefit available to you. We will estimate your deductible and the portion that is covered by your insurance carrier. The amount that we have determined not to be covered by the carrier is due at the time of treatment and may be paid by any of the options listed below. Our estimates are subject to final approval by your insurance company and could therefore change the amount due to our office.

### PAYMENT OPTIONS

1. Prepayment of treatment in full using cash or check.
2. Credit Cards. Our office accepts American Express, Discover, MasterCard, and Visa.
3. Financing. Upon qualifying you will be extended a line of credit by an outside financing company. Payments will be made directly to the financing company. The qualification process is simple and can usually be completed within 10 to 20 minutes. For further information on this option please ask our Treatment Coordinator.

\*Returned checks and balances older than 60 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually).

We would be happy to work with you to plan out the most appropriate arrangements for your budget. Financing your treatment allows you to start your dental care immediately and spread the payments over a period of time. Most importantly, it offers you the opportunity to enjoy the benefits of your dental health without the financial strain. We are committed to providing you with the most positive experience in dental care.

### BROKEN APPOINTMENTS

We reserve the right to charge \$25 per hour of scheduled treatment for any appointment that is missed, broken, or rescheduled without 24 hours of notice.

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Patient/Responsible Party Signature

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Date