



### Financial Policies

Thank you for choosing this office. Our primary mission is to deliver the best and most comprehensive dental care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

#### **Payment Options:**

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover Card
- We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with cash or check prior to completion of care for treatment plans of \$500 or more.
- NO INTEREST<sup>1</sup> Payment Plans<sup>2</sup> from CareCredit
  - Allow you to pay over time with NO INTEREST<sup>1</sup>
  - Convenient, low monthly payment plans<sup>2</sup> also available
  - No annual fees or pre-payment penalties

Please note:

If you have a child who needs treatment and you will not be attending all appointments with them, you may send payment with them or leave authorized payment options on file (ie. Signed debit/credit card authorization)

This office requires payment prior to the beginning of your treatment. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

For larger, more comprehensive treatment plans of \$350 or more, a 20% deposit is required to secure your initial treatment appointment.

For patients with dental insurance we are happy to work with your carrier to maximize your benefit and directly bill them for reimbursement for your treatment.<sup>3</sup>

A fee of \$50 is charged to patients who miss or cancel more than 2 times in a calendar year without 24-hour notice. This may also be grounds for dismissal from the practice.

A charge of \$20 will be assessed for returned checks.

If you have any questions, please do not hesitate to ask. We are here to help you get the dentistry you want or need.

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Patient, Parent or Guardian **Signature**

Date

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Patient Name (Please Print)

<sup>1</sup>If paid within the promotional period. Otherwise, interest assessed from purchase date. Minimum monthly payment required.

<sup>2</sup>Subject to credit approval

<sup>3</sup>However, if we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.