

Financial Policy

GENERAL

Please understand that payment of your bill is considered part of your treatment. The following is a statement of our Financial Policy, which we require you to read, and sign prior to treatment.

FULL PAYMENT IS DUE AT TIME OF SERVICE

WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AMERICAN EXPRESS, and DISCOVER.

REGARDING INSURANCE

Fees are estimates only, are valid for 30 days from the date shown above, and are subject to revision. Treatment could be altered if your dental needs change. The patient will be notified of any change(s) in treatment. As a service to our patients we are happy to file insurance claims for you. However, just remember the agreement of the insurance company to pay for your dental care is a contract between you and your insurance company. After ninety (90) days any unpaid claim becomes the patient's responsibility and will be due in full at that time.

REGARDING INSURANCE PLANS WHERE WE ARE A PARTICIPATING PROVIDER

All ESTIMATED portion and deductibles are due at time of treatment. In the event that YOUR insurance coverage changes to a plan where we are non-participating providers, refer to above paragraph.

USUAL AND CUSTOMARY RATES

Our practice is committed in providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

ADULT PATIENTS

Adult patients are responsible for full payment at time of service.

MINOR PATIENTS

The adult accompanying a minor and/or the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to be approved: Credit Card or payment by cash or check at time of service has been verified.

MISSED APPOINTMENTS

Unless canceled at least 24 hours (Monday - Friday) in advance, our policy is to charge for the missed appointments at the rate of \$25.00 per scheduled visit. Please help us serve you better by keeping scheduled appointments. We reserve the right to dismiss you as a patient should you not be present for a confirmed appointment of if you are habitually late to appointments.

INTEREST

We reserve the right to charge interest in the amount of 1.5% per month as provided by state law, unless other financial arrangements have been made. We reserve the right to forward the account to a collection agency at any time should that account be deemed irretrievable. We may also add to the balance any fee this office incurs in an attempt to retrieve unpaid balance.

CONSENT

I understand and agree to this Financial Policy.
