

## Updated Financial Policy

Thank you for entrusting your dental care to us. We appreciate the opportunity to serve you and are committed to your oral health and well being. We have found that a clear understanding of our financial policy in advance of dental care helps to relieve some of the anxiety associated with dental visits.

Please read the following carefully and ask any questions you may have.

### **To All Patients:**

**In order to keep our fees reasonable and reduce billing costs, please read and understand our Office Financial Policy:**

**Payment:** You may choose from **Cash, Check, Visa, MasterCard, Discover Card and American Express**

Our office requires payment by the completion of your treatment. For extensive treatment plans, including Crowns, Implants, Bridges, Veneers, and Dentures, we require ½ down on the first visit for that procedure and the balance to be paid on or before the date of completion. Financing through a 3<sup>rd</sup> party, such as Care Credit is available.

There is a \$35 service charge on checks returned as unpaid.

- **Patients without insurance coverage**

We offer a 5% courtesy accounting adjustment to patients who pay for their treatment with Cash/Check payments and 2.5% for credit cards for treatment plans of \$500 or more. This courtesy can only be offered if the fee for the treatment rendered is paid in full on the day of service. Seniors age 65 and older receive a 5% courtesy with same day Cash/Check payments and a 2.5% courtesy with same day credit card payment. No discount can be given to patients for deductible or co-payments amounts if you are covered by dental insurance.

- **Patients with insurance coverage**

Your insurance policy is a contract between you and your insurance. We are not always a party to that contract. We bill your insurance as a courtesy to you and will contact your insurance company on your behalf to receive a breakdown of coverage and provide them with necessary information to process your claim. The *estimated* co-pay and deductible for the treatment rendered must be paid in full on the day of service. Please understand that you are ultimately responsible for all fees associated with your treatment. Your insurance company determines final payment of your benefits. We cannot control what they determine to be final payment. All balances over 60 days become the responsibility of the patient.

- **Accounts that carry a balance**

Outstanding balances greater than 90 days will be assigned to our collection agency. You are responsible for all fees associated with the collection of your overdue balance, including but not limited to: Collection agency fees, attorney fees, and any court costs incurred.

- **Scheduling**

**Your appointment is reserved especially for you based on your schedule and the time that you have available. Two full business day notice is required for rescheduling appointments. Please be considerate of our time as we strive to make ourselves available for your treatment.**

A \$50 fee will be charged, depending on the amount of time that was reserved for you, and will be applied to your account for rescheduling, cancelling, or failing to show up for your appointment **without 48 hours notice**. **Our office is closed Saturday and Sunday, you must call by Friday to reschedule a Monday or Tuesday appointment.** Please contact us as soon as you know you will be unable to keep your appointment.

I have read and understand the foregoing policies.

Sign \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_