

Financial Policy Acknowledgment

The following information is to inform you of our financial policy. If, at any time, you have questions regarding this policy, please do not hesitate to ask any member of our business team.

We are committed to providing you with the highest quality of care. Our fees are a reflection of the quality of care we provide. We continue our commitment by offering a variety of financial options to enable you to receive the dental care you need. We accept cash, Visa, Mastercard, Discover, and American Express. We offer Care Credit, due to the flexibility of deferred interest and extended payment options. We also have an in office Discount Plan for those who do not have insurance.

We will communicate all recommended treatment options and associated fees prior to the start of treatment. **Payment is expected at the time of service.** A delinquent account impedes our ability to provide you with the quality dental care you deserve. It is our policy that the parent or guardian who accompanies a child to our office for treatment is responsible for payment of services rendered.

We are committed to respecting your time and ask that you make every effort to keep the appointment time reserved exclusively for you. We understand there may be times when you are unable to keep your scheduled appointment. Should you find it necessary to reschedule an appointment, please provide us with a 24 hour notice to avoid being charged a missed appointment fee. Any appointments missed may be subject to a **missed appointment fee of \$25.00 for hygiene and \$50.00 for doctor.** We will allow you one failed appointment with no fees.

As a courtesy to our patients with dental insurance benefits, we will submit your claims and provide any necessary information to assist you in receiving your dental benefits. We require that any applicable deductibles and **estimated** patient portion be paid at the time treatment is rendered. (***We are unable to determine all potential downgrades that might occur for each insurance.***) We do accept assignment of insurance from your primary insurance carrier as a form of payment to help reduce your immediate out-of-pocket expenses. We will file your secondary insurance, but patient is required to pay up front for any secondary portion due. Any insurance money obtained from a secondary insurance will be reimbursed once payment is received. If you have a direct reimbursement policy, payment in full is expected on the day of service, and your dental plan will reimburse you.

You (not the insurance company) are responsible for the fees of service rendered.

- I acknowledge that payment is due at time of service.
- I agree that parents/guardians are responsible for fees and services rendered to minor children.
- I accept full financial responsibility for all charges for services or items provided.
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I understand and agree to the policies above. Should all, or any part of any debt I owed

here under be collected by an outside collector, then the undersigned agrees to pay the 7% associated with the collection of the debt.

Patient/Parent/Guardian

Signature_____Date_____