

## OUR FINANCIAL POLICY

Thank you for choosing us to provide your dental care. We are committed to providing you with the best care possible.

Please understand that payment of your bill is considered part of your dental treatment. The following is a statement of our financial policy which we require that you read and sign before treatment begins.

### PAYMENT IS DUE AT THE TIME TREATMENT IS RENDERED

We accept cash, personal checks, money orders, travelers checks, Visa, Mastercard, Discover and American Express.

Unpaid balances will be subject to finance charges, including interest, and collection fees if necessary.

### DENTAL INSURANCE

Our fees are the same for all patients whether or not they have dental insurance. We will gladly accept insurance payments as partial payment towards the total cost of your treatment.

Your dental insurance is a contract between you and your insurance carrier. We will do our best to maximize your benefits so that you can receive all of the reimbursement that you are entitled to. **However, you are ultimately responsible for the payment of all fees regarding your dental treatment that remain unpaid by your insurance company.**

To determine exactly what benefits you qualify for, it may be necessary to submit to your insurance company a "predetermination of benefits". This will verify your eligibility and tell us what your approximate benefits will be.

If you wish to begin treatment before the insurance company defines your exact benefit, you will need to pay 50% of the fee for your treatment at each visit. Once we receive notice from the insurance company, we will adjust your payments accordingly.

Please provide us with a completed and signed insurance form for each patient in your family undergoing treatment.

### CANCELLATION OF APPOINTMENTS

If you cannot keep your appointment, please notify us as soon as possible so that another patient can be scheduled for the time previously reserved for you. FAILURE TO DO SO MAY RESULT IN A CHARGE (the amount based on the length of the broken appointment).

Thank you for understanding our financial policy. Please let us know if you have any questions.

I HAVE READ THE ABOVE FINANCIAL POLICY. I UNDERSTAND AND AGREE TO ABIDE BY THIS FINANCIAL POLICY.

X \_\_\_\_\_ Date \_\_\_\_\_.