

OUR FINANCIAL POLICY

Our Financial Policy is based on open and honest communication of our fees. Our fees reflect our commitment to the quality our patients deserve. To avoid any misunderstanding, all charges for dental services provided are the direct responsibility of the patient.

Please read over our financial policy and indicate acceptance with your signature.

- Payment in full is expected at the time of service unless prior arrangements are made with the front desk.
- As a courtesy to our patients we will bill your insurance if you provide all necessary insurance information. Please note that insurance policies vary and all services provided may not be covered. We invite you to contact your provider or Human Resource Dept to obtain specific benefits covered under your particular plan. In our office, treatment recommended is based on your dental needs, not on what insurance will allow. Please feel free to discuss any questions or concerns you may have.
- If insurance is to be billed, insurance portion will be estimated and you will be asked for your patient portion at the time of service. If insurance pays more than expected, you will be sent a refund or you may choose to have a credit balance for future services.
- Payment options:
 - Cash or Personal Check.
 - Visa, MasterCard, Discovery, or American Express.
 - CareCredit, a third party credit option, may be applied for at this office prior to treatment.

Missed Appointments

Once an appointment has been made, please remember that this time has been reserved for you. It is our policy to charge a minimum of \$75.00 for appointments canceled with less than 48 hours notice. We reserve the right to charge the full amount of the planned treatment.

Your signature below signifies your understanding and willingness to comply with these policies.

Signature _____
If minor, Parent or Guardian Date

Print Name _____