



Payment, including deductibles, co-payment estimates and non-covered services, is due at the time of service. As insurance co-payments are an estimate, balances remaining after insurance payments have been made are your responsibility. We accept Cash, Check, Visa, MasterCard, Discover and American Express. We also offer extended payment options through Care Credit.

Payment plans and financial arrangements can be entered into for comprehensive dental treatment, prior to commencing treatment.

We reserve the right to charge \$30.00 for either missing a scheduled appointment or canceling a scheduled appointment with less than 24 hours notice, as appointments are reserved exclusively for you.

WITH A DENTAL BENEFITS PLAN:

Due to the many changes in insurance policies, it is not our responsibility to interpret or verify details of your dental policy. **We urge you, the patient, to please understand the details of your policy as the contract is between YOU and your insurer. You will be responsible for the amount due based on your dental benefits EOB.**

With the above – we **will not** be responsible for the following:

- Frequencies, age limitations, waiting periods, exclusion clauses
- Benefit dollars used at other offices

Pre-determinations can be submitted at your request. Please be aware that this will delay treatment.

Primary/Secondary Insurance

We will only file Secondary insurance should your primary not pay.

OUTSTANDING BALANCE:

There will be a 15% annual finance fee if your balance remains outstanding for more than 90 days. In addition, if your account balance exceeds 120 days without a written financial agreement, it will be turned over to a collection agency. You agree to reimburse us the fees of the collection agency which may be based on a percentage at a maximum of 50% of the debt, and all costs and expenses, including reasonably attorneys' fees, we incur in such collection efforts.

I have read and understand this financial policy.

SIGNATURE

DATE

PRINTED NAME