



OFFICE POLICY ON FINANCIAL ARRANGEMENTS

We are committed to providing you with the best dental care possible. Our fees reflect our professional commitment to excellence. If you have dental insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals we need your assistance and your understanding of our payment policy. For the convenience of our patients we offer the following methods of payment of fees:

- A. **Payment in full** by cash or check for each appointment as service is rendered.
- B. **5% courtesy discount** is offered on fees over \$1000.00 if paid in full by cash or check at the first treatment appointment.
- C. We gladly accept insurance assignments, but require that the deductible and non-covered fees be paid as treatment progresses. If we do not receive payment for claims from your insurance company **within five (5) weeks** after the completion of treatment, **you** will be expected to pay for all dental services. In the event of duplicate payment, your account will be credited.

Remember, even if you have insurance coverage, **YOU ARE RESPONSIBLE FOR PAYMENT OF YOUR ACCOUNT.** We will be happy to help you receive the maximum benefits available under your policy. However, please realize that the relationship is between you, the insured patient, and **YOUR** insurance company.
- D. Bank charge cards - **Visa, Mastercard and Discover** are accepted.
- E. **MAJOR SERVICES** (Appliances, Root Canals, Crowns, Bridges, Partial and Dentures): The entire fee for this procedure is **due by the final treatment.** You may wish to break the payments into halves or thirds to relieve the financial burden on the last visit (may require 2-3 visits). This can be arranged by means of post-dated checks or credit card on file.
- F. Financing may be offered if arranged prior to the initiation of proposed treatment plan. Depending on the amount and personal situation, financing can be arranged through **Care Credit.**
- G. If your insurance is one which will not allow our office to take assignment of the benefits, then you must pay for all services when rendered and we will help you file your insurance claim. An example would be **Blue Cross/Blue Shield or Delta Dental as well as many others.**

Please be aware that the parent or guardian bringing a child to our office is legally responsible for payment of all charges.

Returned checks and balances older than 30 days will be subject to additional collection fees and collection charges of 1 1/2% per month or a \$5.00 minimum, whichever is greater. Charges will also be made for broken appointments and appointments canceled without 24 hours advance notice. **Balances over 90 days old will be turned over to an outside agency** for collection and charges for collection will be added to patient's liability. *We encourage you to contact us promptly for assistance in the management of your account if problems arise.*

We appreciate the opportunity to serve you.