

Financial Policy

Dental Insurance Plans Accepted

As a courtesy to you, we will file all your required forms and accept direct payment from any plan that allows it. We will also help you in handling insurance questions. No question is too small for you to ask, whether it is about your treatment, benefit plan, or statement. Stop in or call any time you have question. We are here to help you.

Please check with your insurer to see if you have any limitations in your plan on the particular dentist you are allowed to see. We do not participate with any DMO's, HMO's, or discount plans. Your ability to choose your dentist is an important part of your insurance plan.

Our appointment coordinators will be happy to answer any questions you might have regarding your insurance reimbursement plan. We can not guarantee what your insurance company will pay. All incurred services are ultimately the responsibility of the patient regardless of insurance coverage. Please remember the relationship is between you, the insured patient, and the insurance reimbursement plan.

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Just as we are committed to providing excellent dental care, we are concerned with making it affordable to you. By reducing costly billing procedures and requesting payment at the time services are rendered, we can keep our costs down and pass the savings on to our patients. For your convenience, we accept MasterCard, VISA, personal checks and cash. A \$25.00 fee will be charged on all returned checks. For extensive treatment or monthly payment arrangements, we are pleased to offer CareCredit, a flexible payment option offered to our patients. Ask us for details.

Balances that are past due will be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually). Additionally, charges may be incurred for broken appointments and appointments canceled without a 24 hour advance notice.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. I have read the Financial Policy. I understand and agree to this Financial Policy:

X _____ Date _____

Signature of Patient or Responsible Party

X _____ Date _____

Signature of Co-Responsible Party

Please sign and return to us at the time of your initial appointment. Thank you.