

Financial Policy

Welcome! We realize that every person's financial situation is different. For this reason, we have worked hard to provide a variety of payment options to help you receive the dental care you need and deserve. This will allow you to enjoy a healthy, beautiful smile with respect to your budget. We are committed to providing you with the best possible dental care and to keeping you informed of treatment recommendations and financial obligations. Payment is due at the time services are provided unless other payment arrangements have been approved in advance. Our office accepts cash, debit, personal checks, Visa, MasterCard and Discover. We can also offer payment plan options through CareCredit. We will extend a 5% accounting courtesy for cash or check payments for treatment over \$1000 that is paid in full prior to treatment.

Returned checks and balances older than 60 days may be subject to collection fees and finance charges at the rate of 1.5% per month (18% annually). If your check is not paid on presentment or is dishonored, you agree to pay the amount allowed by state law. We may electronically debit or draft your account for this charge. Also, if your check is returned for insufficient or uncollected funds, your check may be electronically re-presented for payment. Additionally, our office will charge you for broken appointments and appointments cancelled without a 24-business hour advance notice. Should your account be referred to a collection agency or attorney, you will be responsible for attorney's fees in the amount of 30% of the delinquent balance, court costs, and 15% interest from the date of delinquency as well as collection fees incurred in connection with pursuing your overdue bill.

All charges you incur are your responsibility regardless of your dental benefit coverage. However, our goal is to maximize your dental plan benefits and make any remaining balances easily affordable. We do ask that you verify your coverage with your dental benefit carrier to determine your eligible benefits in advance. It is recommended that you bring your dental coverage benefit book in if possible. As a courtesy to our patients, we will process your dental benefit claims for you. If you choose to have the dental plan benefit company pay the office, then your portion will be due when services are rendered. If payment has not been received from your dental plan benefit company within 30 days, you will be responsible for the balance.

I understand and accept the above policy:

Print Name: _____

Patient or Parent/Guardian Signature

Date

For those patients with Dental Plan benefits

I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with dental claims.

I hereby authorize and direct payment of the dental benefits otherwise payable to me, to the above named dentist or dental entity.

Subscriber Signature

Date