

FINANCIAL POLICY

Dear Patient:

Thank you for choosing us as your Health Care Provider. The following is our Financial Policy. Our primary concern is providing the proper and optimum care needed to restore your health. Therefore, if you have any questions or concerns regarding our policies, please do not hesitate to ask.

We ask that all patients read, understand, and sign our financial policy as well as complete our patient information form prior to initiating treatment.

PAYMENT IS DUE AT THE TIME SERVICE IS RENDERED.

PAYMENT OPTIONS...

- Cash
- Visa, Master Card, American Express
- Check
- Care Credit
- Comprehensive Finance

DENTAL INSURANCE

- Your insurance policy is a contract between you, your employer, and your insurance carrier. We are not a party to that contract. Our relationship is with you, the patient, and not with a third party insurance company.
- We will be more than happy to help in processing your insurance claims for you but ask you to remember that all charges incurred by you are ultimately your responsibility.
- Returned checks (NSF) and balances exceeding 45 days will be subject to a 1.7% finance charge

SPECIAL PROVISIONS:

- An immediate 5% Courtesy is available on cases exceeding \$1,000.00, if paid at the initiation of treatment.
- We completely understand that temporary financial problems may affect the timely payment of your balance. We encourage you to communicate any such problems so that we may assist you in the management of your account.
- Please note that if an appointment must be cancelled, please provide us with at least 48 hours advance notice, or you may be charged an office visit fee \$50 .

Again, thank you for choosing us as your health care provider. We appreciate your trust and confidence and the opportunity to serve you!

Patient Signature: