



Financial & Appointment Policy

Patient Name: _____ Print

Today in our world of rising prices we are trying to keep our fee increases to a minimum by implementing clear and exact payment & appointment policies. This will help to reduce our overhead thus passing the savings along to our patients.

As in the past, and as a favor to you, we will continue to file your insurance claims. Our office will be offering the following payment policies.

- A 5% Professional Credit on fees over \$500 paid in full the day of service with cash or check
- In order to keep billing to a minimum, we ask that payment for services be made at the same time services are rendered unless previous financial arrangements have been made. These arrangements must be made with the Financial Coordinator only.
- Patients having Dental Insurance will be required to pay their **DEDUCTIBLE** and **ESTIMATED PORTION** of the fee at the time services are rendered. You will also be responsible for any balance remaining after Insurance Company has paid the claim.
- While the filing of Insurance claims is a courtesy that we extend to our patients, **WE MUST EMPHASIZE** that as dental care providers, our relationship is with the patient, not the Insurance Company. IF we do not receive payment from your insurance company within 45 (forty-five) days, **payment becomes your responsibility.**
- We accept **MasterCard, Visa, Discover, American Express, Care Credit.**
- We have made arrangements with a finance company to provide a six-month interest free **PAYMENT PLAN.** There are no application fees or down payment required. Applications are available from our front office staff and provided quickly.
- You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expense, including reasonable attorneys' fees, we incur in such collection efforts.
- **APPOINTMENTS** - We make every effort to **CONFIRM** appointments the day before, therefore, it is the patient's responsibility to make sure we have current and valid contact information. **If we do not have current, valid contact information, we reserve the right to CANCEL the appointment.** Appointment times are reserved for the patient. **WE REQUIRE 24 HOURS NOTICE** in the event of Cancellation. Failure to notify us of your inability to keep your appointment results in a "No Show." No reserved appointments without prepayment are allowed a patient "No Shows."

Patient Signature: _____