

A WORD ABOUT FINANCES

We are committed to providing you with the highest quality dental care using only the best materials and technology available today. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining optimum oral health. Our financial policy is intended to facilitate excellent service to you while minimizing our administrative costs.

We ask that you pay in full when services are rendered. We do understand the need for flexibility, especially for complex treatments, and we are happy to discuss payment arrangements prior to treatment. We accept Cash, Personal Check, Visa, MasterCard, Discover and CareCredit.

Returned checks and balances older than 90 days may be subject to collection fees and financial charges at the rate of 1.5% per month (18% annually). There will be a fee of \$25.00 for a returned check.

Please remember that dental insurance coverage is an agreement between you and your employer. As your dental care provider, our relationship is with you, our patient, not with your insurance company. All charges you incur are your responsibility regardless of insurance benefits. Your insurance company will reimburse benefits directly to you. Our office will provide all the information we can to help you receive the benefits you deserve.

We reserve the right to charge a fee for broken appointments or appointments cancelled without 24 hours advanced notice.

If you have any questions regarding our financial policy, please ask and we will gladly discuss it with you. We are committed to providing you with the most positive experience in dental care.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS.

Print Name

Signature of Patient/Responsible Party

Date