



Financial Policy

This statement is to inform you of our office's financial policy. Financial arrangements are both necessary and beneficial to maintaining a sound professional relationship. We are also committed to providing you with up-to-date information and educational tools so that you may fully participate in maintaining your optimum oral health. Our providers will diagnose treatment based on your dental health NOT your insurance coverage.

All charges you incur are your responsibility regardless of your insurance company. We must emphasize that as your dental care provider, our relationship is with you, not your insurance company. We will bill your insurance company as a courtesy; however, your insurance policy is a contract between you, your employer, and your insurance company. If payment from your insurance company is not received within 60 day of your treatment you will be expected to pay your balance in full.

As a courtesy to you we will help you process your insurance claims. In order for our office to stay up to date we ask that you please bring a copy of your dental insurance information with you to each appointment. We do require you to pay your estimated copay at the time of service. For patients without insurance, we offer a 10% discount when paying in full by check at the time services are rendered. We do not offer a discount with payments by credit or debit cards.

Our office offers a variety of payment options including Check, Cash, Visa, Master Card, and Discover. We do not accept American Express.

Returned checks will be subject to a \$25.00 returned check fee. Past due account balances will be subject to finance charges and collection fees at the rate of 1.5% per month equal to 18% per year.

We understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, we respectfully ask for scheduled appointments to be rescheduled at least 24 hours in advance. Our doctors and hygienists want to be available for your needs and the needs of all our patients. When a patient does not show up for a scheduled appointment, another patient loses an opportunity to be seen. There will be a fee of \$50.00 assessed if we do not receive at least 24 hours notice to cancel or reschedule an appointment. Thank you for being a valued patient and for your understanding and cooperation. This policy allows us to open otherwise unused appointments to better serve the needs of all patients.

Effective 09/26/2023, our practice will have a minimum balance write-off policy in place. This policy states that accounts with an outstanding balance or any credit balance of \$5.00 or less will be considered for write-off after 30 days from the date of service. This decision is based on the administrative costs associated with managing and processing small balance accounts, which can often

outweigh the actual balance due. We understand that each patient's situation is unique, and we are committed to working with you to ensure your financial comfort and satisfaction.

Please contact our office if you have any questions or concerns about our financial policy. We are committed to providing you with the most positive experience in dental care.

Print Name: _____

Signature: _____ Date: _____