Financial Policy

Our office is committed to providing you with the best possible care and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees or our financial policy.
Patients must complete all information forms prior to seeing the dentist. A copy of your insurance card will be retained for your file. If your insurance changes, it is your responsibility to notify our dental office of that change.

Missed Appointment or Cancelation Policy

If you miss or cancel your appointment without 24 hours notice, there is a cancellation fee of **$50-$75**. The second missed visit will incur a **$100-$150** charge. If you wish to schedule a 3rd visit, you will have to prepay a nonrefundable amount corresponding to the cost of your visit.

Initial:_____

*If you feel you had a legitimate reason missing your visit without notice please send us a request in writing with an explanation which we will be happy to review it for you.

Finance Charges

Accounts not paid within 90 days will receive a 18% Finance Charge. Returned Checks have a $30.00 fee.

Payments

Payment is expected at time of service. All other arrangements must be made before your appointment.

Co-Payments: By law, we must collect your carrier-designated copayment at the time of service. Please be pre-pared to pay that co-payment at each visit.

Non-Copayment Plans: If your plan does not require a co-payment and we participate, we will accept the designated fee. You are responsible for any deductible and balance your plan indicates on their explanation of benefits.

Self-Pay: Payment is expected at the time of service. We offer at 5% discount for our fee for service patients when paid in full at time of service.

Account Balances: You are responsible for timely payment on your account. Our offices reserve the right to re-schedule or deny a future appointment on any delinquent accounts.

Deposits: Depending on your account status, you may be required to pay a down payment for time intensive cases or lab fees that will be incurred due to your treatment.

Dental Insurance

As a courtesy to our patients, we will file your dental claims and accept assignment of the benefits from participating from participating insurance providers. In order for us to be able to provide this service, please provide us with accurate dental insurance information. There are many different types of insurance policies available. Your employer has arranged this contract between you, your employer and the insurance company. We are not a party to this contract. Ultimately, any balance remaining for services is your responsibility. Our staff will try to assist you in obtaining your maximum benefits under the guidelines of the policy.

Past Due Accounts

If your account is past due you will be expected to pay your full copay or estimated cost before treatment will be rendered.

Outside Dental Financing

We accept Care Credit, an outside financing option for health and wellness. If you are interested please ask for more information or visit www.carecredit.com to apply and see if you qualify.

Thank you for taking the time to review our policies. Please feel free to ask questions or share with us any specific concerns.

Patient Name_____Date_____

Signature_____

If patient is a minor, please state your relationship_____

WE ACCEPT CASH, CHECK, MATERCARD AND VISA