



OFFICE FINANCIAL POLICY

In our continued commitment to provide the highest quality of care available to all of our patients and to have those services comfortably affordable, the following has been implemented regarding our financial policy.

PRIVATE PAY (No Insurance): Payment is due at the time of treatment. We accept cash, check, and most credit/debit cards. A 5% discount will be applied for payment in full at time of service. A \$30.00 fee will be charged for any check returned for insufficient funds or otherwise dishonored. The patient (guardian) agrees to be personally and fully responsible for total payment of all procedures performed in this office.

INSURANCE COVERAGE: We will process your insurance claims in our office. This service is provided to help relieve you of this time consuming and sometimes complicated task. The patient (guardian) agrees to be personally and fully responsible for total payment of all procedures performed in this office, including the portion not paid by your insurance carrier for whatever reason.

DENTAL FEE PLAN: The Dental Fee Plan is offered as a payment plan to meet the needs of our patients. Please inquire with our staff.

I agree that I am fully responsible for the total payment of all procedures performed in this office. This includes any treatment that is not a benefit of any dental benefits that I have.

In our endeavor to continually hold costs down for all our patients, there will be a \$75.00 service charge applied to your account for failed or cancelled appointments without a 2 business day notice.

Signature: _____ Date: _____

"Never Underestimate the power of your smile"