



## Financial Policy

Thank you for selecting us as your dental care provider. We are committed to the highest level of dental treatment. Please understand that payment for services rendered is part of your treatment. Outlined below is our financial policy. Please read it carefully.

1. Full payment is due at the time of service, unless previous arrangements have been made.
2. We accept cash, checks, Visa/MasterCard, American Express, and Discover.
3. If you have a dental benefit, you are expected to pay your estimated portion, all co-pays, or deductible at the time of service.
4. With prior arrangements, we offer an extended payment plan through an outside financing company.

Our practice is committed to providing the best treatment for our patients, based on a diagnosis of what is needed to save and prevent further loss or damage to your gums or teeth. We charge fees that are usual and customary for our area. Our diagnosis will not be based on what your insurance company will cover, the amount of money you have left on your deductible, or how economical the treatment will be. Again, it will be based on what is in the best interest of your dental and health care. Regardless of any insurance company's arbitrary determination of what is usual and customary, you are responsible for payment.

If we are provided with all the necessary information, we will accept assignment of dental insurance benefits. This information must be provided before treatment begins. You will be expected to pay your estimated portion of the fee for treatment. Please be advised that this is only an estimate. The actual amount could vary depending on what your insurance will cover or unexpected changes of treatment. You are ultimately responsible for any balance for services rendered. Your insurance policy is a contract between your employer and your insurance company. We are not a party to that agreement. Until your insurance company has paid their portion of services rendered, the unpaid balance may appear on your monthly statement.

If financial arrangements are made to include a payment plan, we expect you to adhere to this agreement strictly. A 1½% finance charge (18% annually) will be added to any balance that is more than 90 days overdue. To prevent finance or rebilling charges, we ask that you comply with your original financial arrangement. This will eliminate all of the extra time for processing and the embarrassment or awkwardness of collecting on treatment that has been rendered. If your account becomes delinquent for more than 90 days and you are in need of additional treatment, full payment must be made prior to the time of service.