

Financial Policy

We are committed to providing you with the best possible care and pleased to discuss our services 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, financial policies, or your responsibilities.

Patients with dental insurance

Upon arrival to our office, we ask that our patients with dental insurance provide us with all insurance information that pertains to your dental benefits, including your insurance card, as well as keeping us up to date with any changes in your address, phone number and employer.

We will be glad to help you obtain the appropriate benefit from your insurance carrier and bill your carrier as a courtesy to you. However, you will be responsible for payment of your estimated portion of the bill at the time of service and, ultimately, for the balance of the account. Any questions you may have regarding your insurance coverage can usually be taken care of through our front desk, please feel free to ask.

Patients without dental insurance

Patients without insurance coverage are expected to pay for services as rendered. We do accept Visa, MasterCard and Discover payments. For more extensive dental work, please do not hesitate to discuss additional payment options that are available to you with a member of our business staff.

Additional terms

Checks returned by your bank are subject to a \$20.00 processing charge. Accounts unpaid after 60 days from the date of service are subject to a \$5.00 "re-billing" charge. Therefore, we encourage all our patients to take care of payment of their portion of their bill at the time service is rendered.

Please call us in advance if you must reschedule an appointment. When you make an appointment with us, you reserve our time and our attention. Appointments canceled with less than 24 hours notice does not allow us adequate time to fill the appointment time, and will be subject to a \$25.00 cancellation charge. Your insurance company will not reimburse for this charge.

Signature _____