



FINANCIAL POLICY

Our office strives to maximize your insurance benefits and make any remaining balance easily affordable, to avoid cost of treatment preventing you from benefiting from quality dental care. Fees are based on quality materials used, time involved, and skill required to perform procedures.

We will submit insurance claims electronically the day that service is rendered, and your estimated copayment will be due at that time. You will be responsible for payment that is not covered by your insurance company. Financial arrangements can be made at the time of treatment, to facilitate closing all accounts within six months, as no interest is charged on open accounts. In case of unforeseen financial difficulties, we expect you to call to discuss modification of payment arrangements.

We accept cash, check, Visa, MasterCard, and Discover. Returned checks are subject to a \$25 returned check fee, which covers processing fees that are charged to our office.

Missed appointments create scheduling problems for our team and for other patients. We require a minimum 24 hour notice for appointment changes. A \$35 fee may be charged for missed appointments.

I have read and agree to the Financial Policy of this office.

Signature of Patient/Responsible Party: _____ Date _____