

FINANCIAL POLICY  
Effective January 10, 2009

In order to provide you with premium dental care, it is extremely important there is a complete understanding of your financial responsibilities as our patient. **Complete payment is due on the day services are rendered, which includes copays & deductibles for office visits.**

**In the event that you do have dental insurance, my office staff will provide you with the best estimated costs available on that date of service. This is an estimate and not a guarantee of payment by your insurance carrier.** We will submit your dental insurance claims at no charge. If insurance reimbursement is not received within 45 days, you will be billed and responsible for the balance due. There will be a 1.5% monthly (18% annually) finance charge applied to accounts which are 30 days past due. If the account is not paid in full, this charge will automatically be applied to your account after 30 days from the date of the statement. With patients who are paying directly for all of their dentistry, the costs are readily available to you prior to the treatment rendered.

Please take a moment to review the following payment options for your dental care investment:

1. **Cash** --- includes money orders and personal checks. Payment in full at the start of treatment for the entire treatment plan will receive a 10% professional courtesy. Otherwise a 5% professional courtesy will be extended. **The courtesy does not pertain to credit/debit card transactions or patients who have insurance coverage.**
2. **American Express / Discover / Visa / MasterCard** --- we accept credit cards as payment for treatment as well as Debit Cards.
3. **CareCredit**--- the financing plan (*subject to credit approval*) we offer as a separate line of credit to cover you and your family members' healthcare needs. With CareCredit you can enjoy these benefits:
  - Flexible financing options 3, 6, 12 & 18 month interest free financing
  - Credit decision usually only takes a few minutes
  - No annual fees or prepayment penalties

**Refunds for Unfinished Treatment:** If a patient decides to discontinue treatment after it has been started, a **FULL REFUND WILL NOT BE GIVEN**. Individual circumstances may be discussed with the business manager and/or dentist.

**Credits on an Account:** If an insurance company pays more than anticipated creating a credit on the account for the patient, we are happy to leave the credit on the account to be applied toward future treatment. Otherwise, a refund back to the insurance company will be issued. All other credits can only be reimbursed in the same format as they were paid.

Every effort is made to keep on schedule so we respectfully ask patients to be prompt and to keep their appointment. Appointments cancelled less than 24 hours and No shows will be addressed accordingly:

- 1<sup>st</sup> cancellation without 24 hour notice will receive a verbal reminder of our policy.
- 2<sup>nd</sup> cancellation without 24 hour notice will be billed a cancellation fee of 50% of the scheduled appointment fee – or – a minimum of \$50.
- Further cancellations will be billed a cancellation fee of 100% of the scheduled appointment fee, as well as, an evaluation of continuance of treatment to be addressed on a case by case basis

If at any time you have questions or need explanation of treatment and/or treatment cost, please feel free to address your concerns with the Business Manager. Your cooperation and understanding of the financial policy is most appreciated.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_